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FEC

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 10 12 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Re	port Covering the Period: From:	01 2006	To: 0 9 3 0 2 0 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. ((a) Cash on Hand January 1 Y2006		652130.44
	(b) Cash on Hand at Begining of Reporting Period	723228.19	
((c) Total Receipts (from Line 19)	160113.48	830235.28
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	883341.67	1482365.72
	Total Disbursements (from Line 31)	293546.77	892570.82
ı	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	589794.90	589794.90
1	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
1	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

м м 0 7

From:

01

2006

To: 0 9 9

^D 3 0

2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	146200.00	756260.00
(ii) Unitemized	7694.00	57030.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	153894.00	813290.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	153894.00	813290.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1219.48	11945.28
to Federal candidates and Other Political Committees	5000.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	3	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	160113.48	830235.28
Total Federal Receipts (subtract Line 18(c) from Line 19)	160113.48	830235.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

Expenditures: ed Federal/Non-Federal ity (from Schedule H4) Federal Share Non-Federal Share r Federal Operating enditures Operating Expenditures 21(a)(i), (a)(ii) and (b)) to Affiliated/Other Party	0.00 0.00 1046.77	0.00 0.00 11991.48
ity (from Schedule H4) Federal Share Non-Federal Share r Federal Operating Inditures Operating Expenditures 21(a)(i), (a)(ii) and (b)) to Affiliated/Other Party	0.00	0.00
Non-Federal Share r Federal Operating anditures Operating Expenditures 21(a)(i), (a)(ii) and (b))	0.00	0.00
r Federal Operating renditures Operating Expenditures 21(a)(i), (a)(ii) and (b))	1046.77	
Operating Expenditures 21(a)(i), (a)(ii) and (b))		11991.48
Operating Expenditures 21(a)(i), (a)(ii) and (b))		
to Affiliated/Other Party	1046.77	
·		11991.48
es	0.00	0.00
ons to andidates/Committees		578155.00
edule E)	10000.00	300000.00
es (2 U.S.C. 441a(d))	0.00	0.00
ayments Made	0.00	0.00
de	0.00	0.00
iduals/Persons Other	0.00	1500.00
r ontical committees		
,	0.00	0.00
	0.00	0.00
	0.00	1500.00
bursements	0.00	924.34
-		
' ·	0.00	0.00
_evin" Share	0.00	0.00
	0.00	0.00
	0.00	0.00
oursements (add Lines 21(c), 22,		
, , , , , , , , , , , , , , , , , , , ,	293546.77	892570.82
. , , , , , , , , , , , , , , , , , , ,	293546 77	892570.82
	es	ons to andidates/Committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	153894.00	813290.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	153894.00	811790.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1046.77	11991.48
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1219.48	11945.28
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-172.71	46.20

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 136
ITEMIZED RECEIPTS		or each category of the	(check only one)
TEMPLES TIEGEN 10		Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Stat	tements may	v not be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons			Date of Receipt
Mailing Address 6300 N River Road			07 06 7 2006
City	State	Zip Code	Transaction ID: 24259624
Rosemont	IL	60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		218.91
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		10944.71	Refund of bank fees from affiliated organization
Full Name (Last, First, Middle Initial) 3. American Assoc of Orthopaedic Surgeons			Date of Receipt
Mailing Address 6300 N River Road	07 10 7 2006		
City	State	Zip Code	Transaction ID: 24274361
Rosemont	<u>IL</u>	60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		123.45
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		11068.16	Refund of bank fees from affiliated organization
Full Name (Last, First, Middle Initial) 2. American Assoc of Orthopaedic Surgeons			Date of Receipt
Mailing Address 6300 N River Road			08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24513185
Rosemont	<u> </u>	60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		493.95
Name of Employer Occupation		n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	11562.11	Refund bank fees from Aff- iliated Organization
SUBTOTAL of Receipts This Page (optional)			836.31
TOTAL This Period (last page this line number on	nly))	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 136 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road City	State Zip Code	Date of Receipt M M
Rosemont FEC ID number of contributing federal political committee. Name of Employer	IL 60018 C Occupation	Amount of Each Receipt this Period 383.17
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11945.28	Reimb bank fees from Affiliated Organization

SUBTOTAL of Receipts This Page (optional)	•	383.17
TOTAL This Period (last page this line number only)		1219.48

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 8 / 136		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
<u></u>	NAME OF COMMITTEE (In Full)	14110 4110 400	are or any point our committee to		
$ \rangle$	Political Action Committee of the Amer	ican Associ	ation of Orthonaedic Surgeo	ine	
	1 ontion rotton committee of the rimer	10411 7 133001	ation of Orthopacale Cargeo		
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Kurt F Konkel, , MD			Date of Receipt	
	Mailing Address N 84 W 16889 Menomo	nee Ave		07 13 Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 24321647	
	Menomonee Falls	WI	53051	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1 1 1		
	federal political committee.	C		1000.00	
	Name of Familian	10			
	Name of Employer AHC Falls Division	Occupation	n edic Surgeon		
	Receipt For:		Year-to-Date ▼	+	
	Primary General	7.99.094.0		1	
	Other (specify) ▼		1000.00		
				•	
ь	Full Name (Last, First, Middle Initial)	Data of Bassist			
В.		Date of Receipt			
	Mailing Address 131 Madison Ave Ste 1	07 13 2006			
	City	Zip Code	Transaction ID: 24321649		
	Morristown	NJ	07960-7360	Amount of Each Receipt this Period	
	FEC ID number of contributing			1000.00	
	federal political committee.	C		1000.00	
	Name of Employer	Occupation	 1	-	
	Name of Employer Ridge Orthopedic Group		edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)	0 0	1000.00		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Alan L Valadie, , MD			Date of Receipt	
	Mailing Address 4926 59th Ave S			M M / D D / Y Y Y Y	
	0"		7' 0 1	07 13 2006	
	City Spirit Potoroburg	State	Zip Code	Transaction ID: 24321650	
	Saint Petersburg	FL	33715-1620	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Coastal Orthopedics	Occupation			
			edic Surgeon • Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-lo-Dale ▼		
	Other (specify)		350.00		
	() - 2// V			1	
	-				
s	UBTOTAL of Receipts This Page (optional)			2250.00	
\vdash	<u>:</u>				

SC	CHEDULE A (FEC Form 3X)		lles esperate eshealule(e)	FOR LINE NUMBER: PAGE 9 / 136
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EINIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Benzel C MacMaster, , MD	Date of Receipt		
	Mailing Address 8220 Walnut Hill Ln Ste			07 13 7 2006
	City	State	Zip Code	Transaction ID: 24321652
	Dallas	TX	75231-4438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Glenlakes Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify) ▼	0 0	730.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael O'Neil Fidler, , MD			Date of Receipt
	Mailing Address 100 Tracy Way	07 14 7 2006		
	City	State	Zip Code	Transaction ID: 24321653
	Charleston	WV	25311-1257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Bone and Joint Surgeons,	Occupation		
	Inc		dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Dr. James J York, , MD			Date of Receipt
	Mailing Address Chesapeake Ortho & Spo Empire Medical Bldg 2nd			07 14 2006
	City	State	Zip Code	Transaction ID: 24321654
	Glen Burnie	MD	21061-5877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	ı	7
	Chesapeake Ortho & Sports Medicine		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· ·	500.00	
	Other (specify) ▼	0 0		
SI	JBTOTAL of Receipts This Page (optional)		·····	1750.00
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 136	
		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
		Detailed Garrinally Fage	13 14 15 16 17	
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons	
/				
Full Name (Last, First, Middle Initial) 1. Dr. Jon Jerold Hanlon, , MD			Date of Receipt	
			-	
Mailing Address 11077 E Taos Dr			07 14 2006	
City	State	Zip Code	Transaction ID: 24321655	
Scottsdale	AZ	85262-3458	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Institute for Bone and Jo-	Occupatio			
int Disorders		edic Surgeon		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)		500.00		
Office (Specify)	0 0	0 0 0 0 0 0 0	J.	
Full Name (Last, First, Middle Initial)			_	
3. Dr. Ray Payne, , MD	Date of Receipt			
Mailing Address Vann Virginia Center fo	M M / D D / Y Y Y Y			
230 Clearfield Ave Ste	07 14 2006			
City	State	Zip Code	Transaction ID: 24321657	
Virginia Beach	VA	23462-1832	Amount of Each Receipt this Period	
FEC ID number of contributing	С		1000.00	
federal political committee.				
Name of Employer	Occupatio	n		
Atlantic Orthopedic Speci- alists	Orthopae	edic Surgeon		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	' '	1000.00	1	
Other (specify)		1000.00	J	
Full Name (Last, First, Middle Initial)	Full Name (Leat First Middle Initial)			
Dr. Edward Jay Goldberg, , MD			Date of Receipt	
Mailing Address 1725 W Harrison St Ste	1063		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
20				
City	State	Zip Code	Transaction ID: 24321658	
Chicago	<u>IL</u>	60612-3884	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		300.00	
rederai politicai committee.				
Name of Employer Midwest Ortho Rush	Occupatio	n		
		edic Surgeon		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	' '	300.00	1	
Other (specify)	0 0	000.00		
SUBTOTAL of Receipts This Page (optional)			1800.00	
CODITION OF TRECEIPES THIS Page (optional)		······································		
TOTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 136	
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
Political Action Committee of the Am	ierican Associ	iation of Orthopaedic Surgeo	ons	
Full Name (Last, First, Middle Initial) Dr. Bruce G Evans, , MD	Dr. Bruce G Evans, , MD			
Mailing Address 1160 E 3900 S Ste 4	07 14 7 2006			
City <u>Salt Lake City</u>	State UT	Zip Code 84124-1202	Transaction ID: 24321659	
FEC ID number of contributing federal political committee.	C	04124-1202	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General	_,	e Year-to-Date ▼	1	
Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD			Date of Receipt	
Mailing Address 5530 Wisconsin Ave	07 14 2006			
City Chevy Chase	State MD	Zip Code 20815-4322	Transaction ID: 24321660 Amount of Each Receipt this Period	
FEC ID number of contributing		20013-4322		
federal political committee.	C		250.00	
Name of Employer Summit Ortho	Occupation			
Receipt For:		edic Surgeon e Year-to-Date ▼		
Primary General	7.99.094.0		1	
Other (specify) ▼	0 0	750.00		
Full Name (Last, First, Middle Initial) Dr. John Timothy Ogden, , MD			Date of Receipt	
Mailing Address 1111 Mcintosh Circle	•		07 14 2006	
City	State	Zip Code	Transaction ID: 24321661	
<u>Joplin</u>	MO	64804-3693	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Freedman Orthopaedic & Sp-	Occupation			
orts	_,	edic Surgeon e Year-to-Date ▼		
Receipt For: Primary General	Aggregate	e rear-to-Date V	1	
Other (specify) ▼		1000.00		
SUBTOTAL of Receipts This Page (optional)			1500.00	
TOTAL This Period (last nage this line numb	er only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 136		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
II LIMIZED ALCEIP 13		Detailed Summary Page	X 11a 11b	11c 12		
_			13 14	15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of solicitions from	iting contributions such committee			
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to			
$ \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surgeo	ine		
	Tollical Action Committee of the Amen	Cari Associ	ation of Orthopaedic Surgeo	113		
	Full Name (Last, First, Middle Initial)					
A.	Dr. Raymond M Bleday, , MD			Date of Receipt		
	Mailing Address 224 N Center st, #11			M M / D D		
	Oit.	01-1-	7:- 0 - 4 -	07 14		
	City	State PA	Zip Code	Transaction ID: 24		
	Ebensburg	PA	15931-1459	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	rederal political committee.					
	Name of Employer Miners Medical Center	Occupation				
			edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Soon C Choi, , MD			Date of Receipt		
	Mailing Address 1907 Park Ave			M M / D D	/ Y Y Y Y Y	
			07 14	2006		
	City	State	Zip Code	Transaction ID: 24	1321664	
	South Plainfield	NJ	07080-5530	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.					
	Name of Employer Self Employed	Occupation	1	-		
	Self Employed		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		250.00			
C.	Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, , MD			Date of Receipt		
٠.	Mailing Address 707 S Garfield Ave Ste	201		M M / D D	/ Y	
	707 G dameid 700 Gle	201		07 14		
	City	State	Zip Code	Transaction ID: 24	1321666	
	Alhambra	CA	91801-4438	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing				750.00	
	federal political committee.	C			730.00	
	Name of Employer	Occupation	า	\dashv		
	Pacific Orthopaedic Group		edic Surgeon			
	Receipt For:		Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify) ▼		1250.00			
					1500.00	
s	UBTOTAL of Receipts This Page (optional)		1500.00			
T	OTAL This Period (last page this line number o					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	or e	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 13 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be ame and address o	e sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri			
Full Name (Last, First, Middle Initial) Dr. Andrew Marc Tetro, , MD Mailing Address 55 Contessa Ct City Williamsville FEC ID number of contributing federal political committee. Name of Employer Simmons Ortho and Spine Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D M 2 0 0 6 Transaction ID: 24321667 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Terry Smith, , MD Mailing Address 1334 Hepaki City Kailua FEC ID number of contributing federal political committee. Name of Employer Semi Retired Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dirk H Alander, , MD Mailing Address Dept of Ortho Surgery 3635 Vista Ave City Saint Louis FEC ID number of contributing federal political committee. Name of Employer St Louis University Receipt For: Primary General Other (specify)			Date of Receipt M M M / 14 2006 Transaction ID: 24321670 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional)		·····	1800.00
TOTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 136
IT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas P Vasileff, , MD			Date of Receipt
	Mailing Address Anchorage Fracture & O 3260 Providence Dr Ste			07 14 2006
	City	State	Zip Code	Transaction ID: 24321671
	Anchorage	AK	99508-4603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anchorage Fracture & Ortho Clinic Receipt For: Primary General	<u> </u>	n edic Surgeon • Year-to-Date ▼	1
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		1000.00	
В.	Dr. Stephen A Smith, , MD			Date of Receipt
	Mailing Address PO Box 25729			07 26 2006
	City	State	Zip Code	Transaction ID: 24362893
	Fresno	CA	93729-5729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Terry Younger, , MD			Date of Receipt
	Mailing Address 1030 W Higgins Rd Ste 20			07 26 2006
	City	State	Zip Code	Transaction ID: 24362894
	Hoffman Estates	IL	60195-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Barrington Orthopedic Spe- cialists	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 136
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stater	ments mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Norman Yoshinobu Otsuka, , MD			Date of Receipt
	Mailing Address Shriners Hosp for Children 3160 Geneva St	1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24362895
	Los Angeles	CA	90020-1199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Shringre Hoënifal for Chi.	Occupation		1
	Idren		dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. A Lee Hunter, Jr, MD			Date of Receipt
	Mailing Address 1223 1/2 Trotwood Ave			07 26 2006
	City	State	Zip Code	Transaction ID: 24364009
	Columbia	TN	38401-6430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Self Employed	Occupation		
		•	dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1250.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Dr. Gregory Daniel Lewish, , MD Mailing Address 2211 Lyell Ave Ste 107			M M / D D / Y Y Y Y
				07 26 2006
	City	State	Zip Code	Transaction ID: 24364011
	Rochester	NY	14606-5743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	7
	P, 1 O	•	dic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
_	OTAL This David (fact area th)	<u> </u>		
Т	OTAL This Period (last nage this line number only)	1		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 136
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons
<u>/</u>				
	Full Name (Last, First, Middle Initial)			
٩.	Dr. Matthew C Reckmeyer, , MD			Date of Receipt
	Mailing Address Lincoln Ortho Ctr			07 26 2006
	Gity 6900 A St	State	Zip Code	Transaction ID: 24364012
	Lincoln	NE	68510-4120	Amount of Each Receipt this Period
		INL	00310-4120	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer Lincoln Orthopaedic Center	Occupation	า	
	Lincoln Orthopaedic Center		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2000.00	1
	Other (specify)		2000.00	
2	Full Name (Last, First, Middle Initial) Dr. Robert E Clemency, Jr, MD			Date of Receipt
٥.	Mailing Address 53880 Carmichael Dr			-
	Mailing Address 53660 Carmichael Dr	07 26 2006		
	City	State	Zip Code	Transaction ID: 24364013
	South Bend	IN	46635-1567	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	1 1		J
	Full Name (Last, First, Middle Initial)			
Э.	Dr. John D Frost, , MD			Date of Receipt
	Mailing Address 4100 Lake Otis Pkwy St	e 302		M M M / D D / Y Y Y Y
				07 26 2006
	City	State	Zip Code	Transaction ID: 24364014
	A I	AK	99508-5230	Amount of Each Receipt this Period
	Anchorage			
	FEC ID number of contributing			500.00
		С		500.00
	FEC ID number of contributing federal political committee. Name of Employer		1	500.00
	FEC ID number of contributing	Occupation	n edic Surgeon	500.00
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Orthopae		500.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Orthopae	edic Surgeon • Year-to-Date ▼	500.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Occupation Orthopae	edic Surgeon	500.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopae	edic Surgeon • Year-to-Date ▼	500.00
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopae	edic Surgeon • Year-to-Date ▼	
s	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopae Aggregate	edic Surgeon e Year-to-Date ▼ 500.00	1750.00
S	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopae Aggregate	edic Surgeon Year-to-Date ▼ 500.00	1750.00

S	CHEDULE A (FEC Form 3X)		l la a consueta a chardula (a)	FOR LINE NUMBER: PAGE 17 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Statoric commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Patrick V McMahon, , MD			Date of Receipt
	Mailing Address 266 White Plains Rd			07 26 7 2006
	City	State	Zip Code	Transaction ID: 24364015
	Eastchester	NY	10709-4429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Robert E Stein, , MD			Date of Receipt
	Mailing Address 301 21st Ave N			07 26 7 2006
	City	State	Zip Code	Transaction ID: 24364016
	Nashville	TN	37203-1898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Dr. Joseph A Gerardi, , DO			Date of Receipt
	Mailing Address 9300 Valley Children's P		07 27 2006	
	City	State	Zip Code	Transaction ID: 24379949
	Madera	CA	93638-8762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Sequoia Pediatrics	Occupation		
	Receipt For:		edic Surgeon • Year-to-Date ▼	\dashv
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
	OTAL This Period (last page this line number or	nlv)		
	CIAL THIS I CHOO (last page this line hullibel of	пу <i>)</i>	·······	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 136 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any i	information copied from such Reports and State r commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
\ N	AME OF COMMITTEE (In Full) Political Action Committee of the Americ			
	ull Name (Last, First, Middle Initial) rr. Murali Moorthy, , MD			Date of Receipt
N	lailing Address Muir Orthopaedic Specia 2405 Shadelands Dr	lists		07 27 2006
	ity	State	Zip Code	Transaction ID: 24379950
_	Valnut Creek	CA	94598-2444	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N	ame of Employer fuir Orthopaedic Speciali-	Occupation		7
<u>s</u>	ts eceipt For:		dic Surgeon Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	1000.00	
	ull Name (Last, First, Middle Initial) rr. Thomas R Johnson, , MD			Date of Receipt
_	lailing Address 2900 12th Ave N Ste 140	W		M M / D D / Y Y Y Y
_	ia.	Ctoto	7:n Code	07 27 2006
	ity Billings	State MT	Zip Code 59101-7507	Transaction ID: 24379952 Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C	331017307	500.00
N S	ame of Employer elf Employed	Occupation	dic Surgeon	
R	eceipt For:	•	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	ull Name (Last, First, Middle Initial) rr. Michael S Marandola, , MD			Date of Receipt
Mailing Address 26401 Crown Valley Prkwy Ste 101				07 27 2006
C	ity	State	Zip Code	Transaction ID: 24379954
<u>N</u>	fission Viejo	CA	92691	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N	ame of Employer community Orthopaedic	Occupation Orthopae	n dic Surgeon	
R	eceipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	500.00	
SUE	BTOTAL of Receipts This Page (optional)			1500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/136
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Statem	anta may	not be cold or used by any parce	13 14 15 16 17
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	n Associa	ation of Orthopaedic Surgeo	ns
_				
Δ	Full Name (Last, First, Middle Initial) Dr. William T Sisco, , MD			Date of Receipt
٠.	Mailing Address CSK Medical Partners			M M / D D / Y Y Y Y
	4110 22nd Pl			07 27 2006
	City	State	Zip Code	Transaction ID: 24379956
	Lubbock	TX	79410-1122	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	<u> </u>		
	Name of Employer CSK Medical Partners	ccupation	1	7
	CSK Medical Partners	Orthopae	dic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	1 1		
	Full Name (Last, First, Middle Initial)			
3.	Dr. Michael S Weng, , MD			Date of Receipt
	Mailing Address 9225 N 3rd St Ste 203			M M / D D / Y Y Y Y
	City	State	Zip Code	07 27 2006
	•	AZ	85020-2464	Transaction ID: 24379957 Amount of Each Receipt this Period
	FEC ID asserbase of a settlibution		03020-2404	
	FEC ID number of contributing federal political committee.	C .		1000.00
	North Phoenix Orthopaedic	occupation	ı dic Surgeon	
	Cargoons		Year-to-Date ▼	-
	Primary General	tggi egate		
	Other (specify) ▼		1500.00	
•	Full Name (Last, First, Middle Initial)			Date of Receipt
J.	Dr. Frederick E Benedict, , MD Mailing Address 1108 Dresser Ct			M M / D D / Y Y Y Y
				07 27 2006
	•	State	Zip Code	Transaction ID: 24379959
	Raleigh	NC	27609-7328	Amount of Each Receipt this Period
	FEC ID number of contributing	С		2000.00
	federal political committee.			
	Canital Orthonodic & Spor-	ccupation		7
	ts Medicine C		dic Surgeon	_
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1	2000.00	
	Strict (Specify)	0 0	0 0 0 0 0 0 0	
	l .			
s	UBTOTAL of Receipts This Page (optional)		.	4000.00
	,			
т	OTAL This Period (last nage this line number only)		•	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 136
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	n Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Robert I Dennis, , MD			Date of Receipt
	Mailing Address 2040 Sixth Ave Ste 1 Door	В		07 27 2006
	City	State	Zip Code	Transaction ID: 24379960
	Neptune	NJ	07753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation	dic Surgeon	
			Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. George E Crickard, III, MD			Date of Receipt
	Mailing Address 2220 York St	07 27 2006		
	City	State	Zip Code	Transaction ID: 24380058
	Quincy	<u>IL</u>	62301-4358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Ouinov Orthonáodio	occupation Orthopae	ı dic Surgeon	
		•	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Thomas Parker Vail, , MD			Date of Receipt
	Mailing Address Duke Univ Med Ctr Box 3332 Duke South, 5th Fl Orange Zone			07 27 7 2006
	,	State	Zip Code	Transaction ID: 24380059
	<u>Durham</u>	NC	27710-0001	Amount of Each Receipt this Period
	rederal political committee.	С		500.00
	DIMC ' '	Occupation Orthopae	dic Surgeon	
	-		Year-to-Date ▼	7
	Primary General	1 1	1000.00	1
	Other (specify) ▼	0 0	1000.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
т,	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 136
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Thomas H Thompson, , MD			Date of Receipt
Mailing Address 2508 NW Medical Park	Dr		07 27 2006
City	State	Zip Code	Transaction ID: 24380060
Roseburg	OR	97470-5505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) 3. Dr. Timothy Eugene Doerr, , MD			Date of Receipt
Mailing Address 5789 S Horseshoe PI			07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24380061
Boise	ID	83716-9031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopaedic Associates	Occupation	n edic Surgeon	
Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Philip D Bobrow, , MD			Date of Receipt
Mailing Address 5530 Wisconsin Ave St	te 1660		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24380122
Chevy Chase	MD	20815-4322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 136
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) 1. Dr. Brian Hoffman, , MD			Date of Receipt
Mailing Address Capital Orthopaedic & S 1108 Dresser Ct	Sports Med	С	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24380123
Raleigh	NC	27609-7328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Capital Orthopaedic & Spo-	Occupation	n	7
rts Med Ctr P	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Robert A Hart, , MD			Date of Receipt
Mailing Address Oregon Health Services 3181 SW Sam Jackson			07 31 7 2006
City	State	Zip Code	Transaction ID: 24380206
Portland	OR	97201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Oregon Health Services Un-	Occupation		
iversity		edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	3
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Jerald P Waldman, , MD			Date of Receipt
Mailing Address 26401 Crown Valley Prk	wy Ste 10	1	M M / D D / Y Y Y Y
	, 0.0 10	•	07 31 2006
City	State	Zip Code	Transaction ID: 24380207
Mission Viejo	CA	92691-6350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer COMG	Occupation		7
		edic Surgeon	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		1250.00	
SUBTOTAL of Receipts This Page (optional)			2250.00
TOTAL This Period (last page this line number of	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Daniel Mark Downs, , MD Mailing Address 400 N Main St City Warsaw FEC ID number of contributing federal political committee. Name of Employer Wyoming Valley Ortho Receipt For: Primary General Other (specify)		Zip Code 14569-1025 n edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Bruce A Mallin, , MD Mailing Address 2222 E Highland Ave Ste City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AZ C C C Occupation Orthopae	Zip Code 85016-4880 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Dr. Reginald E Manning, , MD Mailing Address 263 7th Ave Ste 2B City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify)		Zip Code 11215-3689 n edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			3500.00
T	OTAL This Period (last page this line number onl	lv)		

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 136
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page		X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee t	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surge	ons
\angle				
	Full Name (Last, First, Middle Initial)			5. (5.).
Α.	Dr. Edward W Gutteling, , MD			Date of Receipt
	Mailing Address 45 Mohouli St			08 10 2006
	City	State	Zip Code	
	Hilo	HI	96720-4145	Transaction ID: 24436715
		- 111	96720-4145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederai politicai committee.			
	Name of Employer Self Employed	Occupation	1	
	Self Employed	Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bassica
В.	Dr. Mehran Manouel, , MD			Date of Receipt
	Mailing Address 76-55 Austin St			08 10 2006
	City	State	Zip Code	Transaction ID: 24436718
	Forest Hills	NY	11375-6948	Amount of Each Receipt this Period
		141	11073 0340	Amount of Lach Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	1	
			dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		200.00	
	Full Name (Last First Maddle 1-22-1)			
C.	Full Name (Last, First, Middle Initial) Dr. Douglas Brandt Haynes, , MD			Date of Receipt
•	Mailing Address 207 Oak Park			M M / D D / Y Y Y Y
	Zor Saki aik			08 10 2006
	City	State	Zip Code	Transaction ID: 24436728
	Mc Minnville	TN	37110-1336	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
federal political committee.				1000.00
	Name of Frankrica	I 0		_
	Name of Employer Mc Minnville Orthopaedics	Occupation		
	Оппор		dic Surgeon Year-to-Date ▼	_
		Aggregate	rear-10-Date ▼	_
Primary General Other (specify)			1000.00	
	Other (specify) ▼			_
Г	I.			
s	UBTOTAL of Receipts This Page (optional)			1750.00
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T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 136
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Staten	nents may	not be sold or used by any perso	
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Eric M Orenstein, , MD			Date of Receipt
	Mailing Address 705 S Greenville West Dr Ste 102			08 10 2006
	City	State	Zip Code	Transaction ID: 24436729
	Greenville	MI	48838-3556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation Orthopae	dic Surgeon	
			Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Walter D Hoffman, , MD			Date of Receipt
	Mailing Address 36 N Union Rd			08 10 2006
	City	State	Zip Code	Transaction ID: 24436730
	Williamsville	NY	14221-5328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed	Occupation		
		•	dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. David J Manske, , MD			Date of Receipt
•	Mailing Address 6600 Bruceville Rd			M M / D D / Y Y Y Y
	-			08 10 2006
	City	State	Zip Code	Transaction ID: 24436731
	Sacramento	CA	95823-4691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	LIMO Kaicar Darmananta	Occupation		
		•	dic Surgeon Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	Teal-lu-Dale ▼	
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
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т	OTAL This Period (last nage this line number only)	1	•	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 136 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
A .	Full Name (Last, First, Middle Initial) Dr. Neal J Labana, , MD			Date of Receipt
	Mailing Address 22821 Sun River Dr City	State	Zip Code	0 8 1 0 2 0 0 6 Transaction ID: 24436732
	Frankfort Frankfort	IL	60423-7834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Southland Bone & Joint		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Gregory Lauro, , MD			Date of Receipt
	Mailing Address 5840 Rte 981 Ste 101			08 10 7 2006
	City	State	Zip Code	Transaction ID: 24436733
	Latrobe FEC ID number of contributing federal political committee.	C	15650-5385	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Dr. T David Hayes, , MD			Date of Receipt
	Mailing Address 200 NE Mother Joseph F	PI Ste 110		08 10 7 2006
	City	State WA	Zip Code	Transaction ID: 24436734
	Vancouver FEC ID number of contributing federal political committee.	C	98664-3293	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SI	UBTOTAL of Receipts This Page (optional)			2250.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 136
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ime and add	iress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Spencer James Frink, , MD			Date of Receipt
	Mailing Address 2903 Dason Ledge			08 10 2006
	City	State	Zip Code	Transaction ID: 24436735
	San Antonio	TX	78258-4591	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer U.S. Air Force	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	riggrogato	Todi to Bato ¥	
	Other (specify) ▼	l	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD			Date of Receipt
	Mailing Address Premier Orthopaedics			M M / D D / Y Y Y Y
	5651 Frist Blvd Ste 500			08 10 2006
	City	State	Zip Code	Transaction ID: 24436736
	<u>Hermitage</u>	TN	37076-2059	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Premier Orthopaedics	Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2000.00	
	Other (specify)		2000.00	
_	Full Name (Last, First, Middle Initial)			2(2)
C.	Dr. Richard M Wilk, , MD Mailing Address Lahev Clinic			Date of Receipt
	Mailing Address Lahey Clinic 41 Mall Rd			08 10 2006
	City	State	Zip Code	Transaction ID: 24436737
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing	С	• • • • • •	250.00
	federal political committee.			
	Name of Employer Lahey Clinic	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	1
	Primary General	33 232.0		
	Other (specify)		450.00	
				'
s	UBTOTAL of Receipts This Page (optional))	1750.00
\vdash			`	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 136
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Garrinally Fage	13 14 15 16 17
Any information copied from such Reports and St	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	rican Associ	iation of Orthopaedic Surged	ons
/			
Full Name (Last, First, Middle Initial)			
Dr. Kristy L Weber, , MD			Date of Receipt
Mailing Address Johns Hopkins Outpati	ent Center		08 10 2006
Dept of Ortho Surg	State	Zip Code	
City	MD	•	Transaction ID: 24436738
Baltimore	IVID	21287-0001	Amount of Each Receipt this Period
FEC ID number of contributing	C		1000.00
federal political committee.			
Name of Employer Johns Hopkins University	Occupatio	n	
Johns Hopkins University	Orthopae	edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)			
Dr. Carey E Winder, , MD			Date of Receipt
Mailing Address 8080 Bluebonnet Blvd Ste 1000			M M / D D / Y Y Y Y
			08 10 2006
City	State	Zip Code	Transaction ID: 24436742
Baton Rouge	LA	70810-7827	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			300.00
Name of Employer	Occupatio	n	_
Baton Rouge Orthopaedic		edic Surgeon	
Clinic Receipt For:		e Year-to-Date V	
Primary General	7.99.094.0	7 Tour to Bate V	1
Other (specify) ▼		600.00	
		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)	·		
Dr. Charles D Hummer, III, MD			Date of Receipt
Mailing Address 1 Med Ctr Blvd Ste 324	1		M M / D D / Y Y Y Y
			08 10 2006
City	State	Zip Code	Transaction ID: 24436743
<u>Upland</u>	PA	19013	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			000.00
Name of Employer	Occupatio	n	
Self Employed		edic Surgeon	
Receipt For:		e Year-to-Date V	-
Primary General	, .gg, ogak		1
Other (specify)		800.00	
			1
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 136 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
۹.	Full Name (Last, First, Middle Initial) Dr. Roger M Lyon, , MD			Date of Receipt
	Mailing Address MACC Research Bldg Ste 8701 Watertown Plank R			08 10 7 9 9 9
	City	State WI	Zip Code	Transaction ID: 24436745
	Milwaukee FEC ID number of contributing federal political committee.	C	53226-3548	Amount of Each Receipt this Period 500.00
	Name of Employer Medical College Wisconsin		n dic Surgeon Year-to-Date ▼	
	Receipt For: Primary General Other (specify) ▼	Aggregate	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas A Scilaris, , MD			Date of Receipt
	Mailing Address 39 E 69th St			08 / 16 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24483546
	New York FEC ID number of contributing federal political committee.	C	10021-4983	Amount of Each Receipt this Period 1000.00
	Name of Employer Ortho Specialists	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
).	Full Name (Last, First, Middle Initial) Dr. J Criss Yelton, , MD			Date of Receipt
	Mailing Address 471 Klutey Park Plaza Dr			08 16 2006
	City Henderson	State KY	Zip Code 42420-3347	Transaction ID: 24484070
	FEC ID number of contributing federal political committee.	C	42420-3347	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
_	ago (optional)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 136
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
/			
Full Name (Last, First, Middle Initial)			
Dr. Kenneth G Gati, , MD			Date of Receipt
Mailing Address 704 W Grove Ste 5			08 16 2006
011	01-1-	7's Oads	
City	State	Zip Code	Transaction ID: 24484071
El Dorado	AR	71730-4469	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.	9		
Name of Employer	Occupation	n	7
Name of Employer South Arkansas Ortho & Sp- orts Med		edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General	199.79		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)			
3. Dr. Gary E Friedlaender, , MD			Date of Receipt
Mailing Address Yale Univ School of Med	d		08 16 2006
800 Howard Ave			
City	State	Zip Code	Transaction ID: 24484074
New Haven	CT	06519-1369	Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C		500.00
Name of Familian	10		_
Name of Employer Yale University	Occupation		
		edic Surgeon	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		500.00	
Citiei (specify)			
Full Name (Last, First, Middle Initial)			
C. Dr. Joseph A Matan, , MD			Date of Receipt
Mailing Address 2160 Appian Way Ste 1	04		M M / D D / Y Y Y Y
	•		08 16 2006
City	State	Zip Code	Transaction ID: 24484075
<u>Pinole</u>	CA	94564-2524	Amount of Each Receipt this Period
FEC ID number of contributing			050.00
federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
		edic Surgeon	_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)			1
SUBTOTAL of Receipts This Page (optional)			1000.00
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TOTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
Α.	Self Employed		Zip Code 46815-8550	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Crostor Changing Land		Zip Code 21093-5363 n edic Surgeon Year-to-Date ▼	Date of Receipt M M A Z D D Z D Z D D Z D D Z D D Z D D D Z D D Z D D Z D D D Z D D D Z D
C.	Self Employed		Zip Code 14226-2500 nedic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number only	<i>(</i>)		

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such F or for commercial purposes, other tl	Reports and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful Political Action Committee	,	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle In Dr. Jacob F Patterson, , MD Mailing Address 1339 Phay City Canon City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CO C Occupatio Orthopae	Zip Code 81212-2301 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Dr. Jeffrey C Dick, , MD Mailing Address 7373 France City Edina FEC ID number of contributing federal political committee. Name of Employer TCO Receipt For: Primary General Other (specify)	e Ave S Ste 312 State MN C Occupatio Orthopae	Zip Code 55435-4549 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Dr. Mark S Mizel, , MD	emorial Hospital 2th Ave State FL C Occupatio Orthopae	Zip Code 33136-1096 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Pag	e (optional)		1250.00
TOTAL This Period (last page this	line number only)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 136
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) A. Dr. James R Roberson, , MD			Date of Receipt
Mailing Address 59 Executive Park South	1		08 / 31 / 2006
City	State	Zip Code	Transaction ID: 24533699
Atlanta	GA	30329-2208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emory University	Occupation	n edic Surgeon	
Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General		F00.00	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael T McCoy, , MD			Date of Receipt
Mailing Address 823 SW Mulvane Ste 370			08 / 31 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24533700
<u>Topeka</u>	KS	66606-1687	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation		
	·	edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Dr. Jon Michael Maxwell, , MD			Date of Receipt
Mailing Address 227 Riverside Ave			0 8
City	State	Zip Code	Transaction ID: 24533701
Adrian	MI	49221-1539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bone & Joint Medical Ctr	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	7
Primary General		050.00	1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 136
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Joseph S Swickard, , MD			Date of Receipt
Mailing Address 1101 E Bryan Ave Ste A	ı		08 / 31 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24533735
<u>Tustin</u>	CA	92780-4401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. John Bellatti, , MD			Date of Receipt
Mailing Address 81-958 Halekii St Ste 5c			08 / 31 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24533736
<u>Kealakekua</u>	HI	96750-8104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation		
		edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Dr. J Christopher Banwart, , MD			Date of Receipt
Mailing Address 1111 McIntosh Cir Ste B	}		08 31 7 2006
City	State	Zip Code	Transaction ID: 24533740
<u>Joplin</u>	MO	64804-3645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Freeman Orthopaedics	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date V	\dashv
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00
TOTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FE ITEMIZED RECEIF	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from or for commercial purposes,	such Reports and Statements may other than using the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE Political Action Comn	(In Full) nittee of the American Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Mi Dr. Garth B Wright, , MD Mailing Address 569 S City Jackson FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify)	State TN Outling Occupation Orthopae	Zip Code 38301-3931 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Mi Dr. Thomas H Thompson, , Mailing Address 2508 City Roseburg		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For:	Occupation Orthopae	97470-5505 n edic Surgeon e Year-to-Date ▼ 500.00	250.00
City Greensboro FEC ID number of contrib federal political committee Name of Employer Greensboro Orthopaedic nter, PA Receipt For:	Pembroke Rd State NC Dutting C Ce- Occupation Orthopae	Zip Code 27408-6329	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Th	is Page (optional)	I	2250.00
TOTAL This Period (last pa	age this line number only)		

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 36 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. James Page Aplington, , MD			Date of Receipt
	Mailing Address 1401 Benjamin Pkwy			08 / 000 / 2006
	City	State	Zip Code	Transaction ID: 24533747
	Greensboro	NC	27408-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Greensboro Orthopaedic Ce- nter, PA	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Clay J Fisher, , MD			Date of Receipt
	Mailing Address 9201 Pinecroft Dr			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24533748
	The Woodlands	TX	77380-3222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Sadler Clinic	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	1
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Gregory A Hoffman, , MD			Date of Receipt
	Mailing Address 2925 Chichester Ln			08 31 2006
	City	State	Zip Code	
		State IN	Zip Code 46815-8550	08 31 2006
	City		·	0 8 3 1 2 0 0 6 Transaction ID: 24533761
	City Fort Wayne FEC ID number of contributing	C Occupation	46815-8550	0 8 3 1 2 0 0 6 Transaction ID: 24533761 Amount of Each Receipt this Period
	City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Orthopae	46815-8550	0 8 3 1 2 0 0 6 Transaction ID: 24533761 Amount of Each Receipt this Period
	City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	C Occupation Orthopae	46815-8550 n dic Surgeon Year-to-Date ▼	0 8 3 1 2 0 0 6 Transaction ID: 24533761 Amount of Each Receipt this Period
	City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Orthopae	46815-8550 n. dic Surgeon	0 8 3 1 2 0 0 6 Transaction ID: 24533761 Amount of Each Receipt this Period
s	City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼ 1000.00	Transaction ID: 24533761 Amount of Each Receipt this Period

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 37 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
• • •	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Peter E Loeb, , MD			Date of Receipt
	Mailing Address 1221-A Hodges Dr			08 31 2006
	City	State	Zip Code	Transaction ID: 24533762
	Tallahassee	FL	32308-4611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Dr. John F Pojedinec, , MD			Date of Receipt
ъ.	Mailing Address 25 Prospect Ave			M M / D D / Y Y Y Y
	Walling Address 25 Trospect Ave			09 19 2006
	City	State	Zip Code	Transaction ID: 24648760
	Hackensack	NJ	07601-1960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date V	-
	Primary General	rigg. oguto		7
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD			Date of Receipt
	Mailing Address 5605 W Eugle Ste 111			M M / D D / Y Y Y Y
				09 19 2006
	City	State	Zip Code	Transaction ID: 24648761
	Glendale	AZ	85304-1273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Phoenix Orthopaedic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1250.00	1
	Other (specify) ▼	0 0	1250.00	1
s	UBTOTAL of Receipts This Page (optional)			1750.00
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т	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 136
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any info	ormation copied from such Reports and Stat	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\	itical Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Name (Last, First, Middle Initial) Cyrus J Lashgari, , MD			Date of Receipt
	ing Address 1568 Comanche Rd			09 / 19 / Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 24648762
Arn		MD	21012-2500	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		500.00
Nan Orth er	ne of Employer nopaedic & Sports Cent-	Occupation Orthopae	n edic Surgeon	
	eipt For:	•	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Name (Last, First, Middle Initial) Daniel Mark Downs, , MD			Date of Receipt
Mail	ing Address 400 N Main St			09 19 2006
City		State	Zip Code	Transaction ID: 24648763
<u>Wa</u>	ırsaw	NY	14569-1025	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		500.00
Nan	ne of Employer oming Valley Ortho	Occupation		
		•	edic Surgeon • Year-to-Date ▼	_
nec	eipt For: Primary General	Aggregate		1
	Other (specify) ▼		1000.00	
	Name (Last, First, Middle Initial) Jeffrey A Bogosian, , MD			Date of Receipt
Mail	ing Address 5230 Pacific Concourse	Dr Ste 110)	09 / 19 / 2006
City		State	Zip Code	Transaction ID: 24648764
	s Angeles	CA	90045-6200	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		250.00
Nan Pac	ne of Employer ific Orthopaedic Insti-	Occupation		
<u>tute</u>	·		edic Surgeon • Year-to-Date ▼	_
Rec	eipt For: Primary General	Aggregate	r rear-to-Date ▼	1
	Other (specify)		250.00	
SUBT	OTAL of Receipts This Page (optional)			1250.00
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SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Llac concrete cohodula(a)	FOR LINE NUMBER: PAGE 39 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD			Date of Receipt
	Mailing Address Dickson Diveley Midwest 3651 College Blvd			09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24648766
	Leawood	KS	66211-1910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Dickson Diveley Midwest Ortho Clinic	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	'''	1000.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. David B Yanoff, , MD			Date of Receipt
٥.	Mailing Address 343 Diamond Creek Rd			M M / D D / Y Y Y Y
				09 19 2006
	City	State	Zip Code	Transaction ID: 24648767
	Salmon	ID	83467-5298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Salmon Orthopaedic	Occupation		
			dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Bookist
Ċ.	Dr. Jose R Perez-Sanz, , MD Mailing Address 10719 W 160th St			Date of Receipt
	Mailing Address 10719 W 160th St			09 19 2006
	City	State	Zip Code	Transaction ID: 24648769
	Orland Park	IL	60467-5541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		\exists
	Tea. Te		dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	1000.00	
				1
s	UBTOTAL of Receipts This Page (optional)			2250.00
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T	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. George E Crickard, III, MD Mailing Address 2220 York St City Quincy FEC ID number of contributing federal political committee. Name of Employer Quincy Orthopaedic Receipt For: Primary General Other (specify)		Zip Code 62301-4358 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3.	Full Name (Last, First, Middle Initial) Dr. John W McClellan, III, MD Mailing Address 11819 Miracle Hills Dr St City Omaha FEC ID number of contributing federal political committee. Name of Employer Nebraska Spine Center Receipt For: Primary General	State NE C Occupation Orthopae	Zip Code 68154-4428	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
С.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Burrel C Gaddy, , MD Mailing Address Midwest Orthopaedics, P 8800 W 75th St Ste 350 City Shawnee Mission FEC ID number of contributing federal political committee. Name of Employer Midwest Orthopaedics, P.A. Receipt For: Primary General Other (specify) ▼	State KS C Occupation Orthopae	Zip Code 66204-4029 And edic Surgeon e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
SUBTOTAL of Receipts This Page (optional)						
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 41 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarrio aria aac	areas or any political committee to	Soliot contributions from such committee.
$ \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surgeo	ine
	Tollical Action Committee of the Amer	Call Associ	ation of Orthopaedic Surgeo	110
	Full Name (Last, First, Middle Initial)			
A.	Dr. Henry Robert Boucher, , MD			Date of Receipt
	Mailing Address 3333 N Calvert St			09 18 2006
	City	State	Zip Code	
	Baltimore	MD	·	Transaction ID: 24648789
		IVID	21218-2867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	- Todoral political committee:			
	Name of Employer Greater Chesapeake Orthop-	Occupation		
	aedics		edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address Presbyterian Med Ctr			09 18 2006
	1 Cupp Pavilion	State	Zip Code	
	Philadelphia	PA	19104	Transaction ID: 24648790 Amount of Each Receipt this Period
	•	1.7	19104	Amount of Each neceipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	·			
	Name of Employer Univ of Pennsylvania	Occupation		
			edic Surgeon • Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rtear-to-Date V	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			2. (2.)
C.	Dr. Gregory Alexander Brown, , MD, PhD			Date of Receipt
	Mailing Address Regions Hospital Dept of Ortho			09 18 2006
	City	State	Zip Code	Transaction ID: 24648791
	Saint Paul	MN	55101-2595	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	С		500.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Park Nicollet Health Syst-		edic Surgeon	
	ems Receipt For:		Year-to-Date ▼	_
	Primary General	33 3		1
	Other (specify) ▼		500.00	
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				1500.00
S	UBTOTAL of Receipts This Page (optional)	<u></u>	<u> </u>	1500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Kenneth Dean Olsen, , MD			Date of Receipt
	Mailing Address 1930 Woodcrest Dr NE			09 / 18 / 2006
	City	State	Zip Code	Transaction ID: 24648792
	Owatonna	MN	55060-6247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Owatonna Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Bret Batchelor, , MD			Date of Receipt
	Mailing Address 83 Memorial Blvd			09 / 18 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24648793
	Newport	RI	02840-3635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer US Navy	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Harold E Halvorson, , MD			Date of Receipt
	Mailing Address PMB 437 6015 S Virginia			0 9 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 24648794
	Reno	NV	89502-6044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
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SC	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 43 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
111	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. John James Krautmann, , MD			Date of Receipt
	Mailing Address 1241 W Stadium Dr Ste	L400		09 / 18 / 2006
	City	State	Zip Code	Transaction ID: 24648795
	Jefferson City	MO	65109-6024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Jefferson City Medical Gr-	Occupation Orthopae	n dic Surgeon	
	oup Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. John L Putnam, , MD			Date of Receipt
	Mailing Address 4350 S National Ste C-2	09 / 18 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24648796
	Springfield	MO	65810-2658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Putnam Orthopaedic	Occupation		
			dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Mark J Wasylenko, , MD			Date of Receipt
	Mailing Address 115 Brushy Creek Rd			09 / 18 / 2006
	City	State	Zip Code	Transaction ID: 24648797
	Easley	SC	29642-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
SI	JBTOTAL of Receipts This Page (optional)			3000.00
т	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 136
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial)			
٩.	Dr. Kenneth P Head, , MD			Date of Receipt
	Mailing Address 1818 Verdugo Blvd Ste 2	01		M M / D D / Y Y Y Y
				09 18 2006
	City	State	Zip Code	Transaction ID: 24648798
	Glendale	CA	91208-1433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial)			
3.	Dr. David J Abraham, , MD			Date of Receipt
	Mailing Address 1270 Broadcasting Rd			09 18 2006
	City	State	Zip Code	
	Wyomissing	PA	19610-3203	Transaction ID: 24649244
		FA	19610-3203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	- Todoral political committees.			
	Name of Employer Reading Neck & Spine Ctr	Occupation		
		•	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			
Э.	Dr. Gregory William Stocks, , MD			Date of Receipt
	Mailing Address Fondren Orthopaedic Gro 7401 S Main St	oup		09 18 2006
	City	State	Zip Code	Transaction ID: 24649245
	Houston	TX	77030-4509	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		1000.00
	Name of Familian	0		
	Name of Employer Fondren Orthopaedic Group	Occupation	edic Surgeon	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Aggregate	Freal-10-Date ♥	
	Other (specify)	' '	1000.00	
				'
	1			
S	UBTOTAL of Receipts This Page (optional)			2250.00
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T	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 45 / 136
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Peter M Bonutti, , MD			Date of Receipt
	Mailing Address 1303 W Evergreen Ave			09 18 2006
	City	State	Zip Code	Transaction ID: 24649246
	<u>Effingham</u>	IL	62401-1619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	1500.00	
В.				Date of Receipt
	Mailing Address West Coast Ortho Media		0 9 1 8 2 0 0 6	
	301 W Huntington Dr St	e 408 State	Zip Code	Transaction ID: 24649248
	Arcadia	CA	91007-1502	Amount of Each Receipt this Period
			31007 1302	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Coast Ortho Medical	Occupation		
	Group		edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
C .	Full Name (Last, First, Middle Initial) Dr. Thomas S Gorsche, , MD			Date of Receipt
	Mailing Address Cedar Valley Med Spec 164 W Dale St			09 18 2006
	City	State	Zip Code	Transaction ID: 24649249
	Waterloo	IA	50703-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CVMS	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			2500.00
T.	OTAL This Period (last page this line number or	nlv)		

SC	CHEDULE A (FEC Form 3X)		l la a agravata a abaglula (a)	FOR LINE NUMBER: PAGE 46 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Glen A Barden, , MD			Date of Receipt
	Mailing Address 1600 Lakeland Hills Blvd	t		09 / 18 / 2006
	City	State	Zip Code	Transaction ID: 24649250
	Lakeland	<u>FL</u>	33805-3019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Watson Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	230.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Arlo Bane, , MD			Date of Receipt
	Mailing Address 1406 Cross Creek Ct			09 18 2006
	City	State	Zip Code	Transaction ID: 24649252
	Mahomet	IL	61853-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Carle Clinic Association	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. J Michael Ray, , MD			Date of Receipt
	Mailing Address 1101 Citrus Tower Blvd			09 / 18 / 2006
	City	State	Zip Code	Transaction ID: 24649253
	Clermont	FL	34711-1905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer National Training Ctr Spo-	Occupation	ı	7
	rts Medicine	·	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0		
SI	JBTOTAL of Receipts This Page (optional)			2250.00
т	OTAL This Period (last page this line number or	nlv)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 136
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or t	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
_	Full Name (Lost First Middle Initial)			
	Full Name (Last, First, Middle Initial) Dr. Garth S Russell, , MD			Date of Receipt
	Mailing Address 99 Woodsmuir Ct			M M / D D / Y Y Y Y
	a g a a a a a a a a a a a a a a a a a a			09 18 2006
	City	State	Zip Code	Transaction ID: 24649254
	Palm Beach Gardens	FL	33418-8020	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Retired	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
	Dr. Paul E Havel, , MD			Date of Receipt
	Mailing Address 14181 Business Ctr Dr N	1W		09 18 2006
	City	Ctata	7in Codo	
	City	State	Zip Code	Transaction ID: 24649255
	Burns Twnshp	MN	55330-4654	Amount of Each Receipt this Period
	FEC ID number of contributing		55330-4654	Amount of Each Receipt this Period 500.00
	•	C	55330-4654	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer			· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing	C		· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Orthopae		· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer ALLINI	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For:	Occupation Orthopae	n edic Surgeon	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	· · · · · · · · · · · · · · · · · · ·
	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	500.00
.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	Date of Receipt
.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	Date of Receipt
.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine	Occupation Orthopae	n edic Surgeon Year-to-Date ▼	Date of Receipt
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab	Occupation Orthopae Aggregate	n edic Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M
 C.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee.	Occupation Orthopae Aggregate State IL	zip Code 62794-9679	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing	Occupation Orthopae Aggregate State IL C	zip Code 62794-9679	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine	Occupation Orthopae Aggregate State IL C Occupation Orthopae	Zip Code 62794-9679	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For:	Occupation Orthopae Aggregate State IL C Occupation Orthopae	Zip Code 62794-9679 dic Surgeon Vear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For:	Occupation Orthopae Aggregate State IL C Occupation Orthopae	Zip Code 62794-9679	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For: Primary General	Occupation Orthopae Aggregate State IL C Occupation Orthopae	Zip Code 62794-9679 dic Surgeon Vear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For: Primary General	Occupation Orthopae Aggregate State IL C Occupation Orthopae	Zip Code 62794-9679 dic Surgeon Vear-to-Date ▼	Date of Receipt M M / D D D 2006 Transaction ID: 24649256 Amount of Each Receipt this Period 250.00
D.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For: Primary General Other (specify)	C Occupation Orthopae Aggregate State IL C Occupation Orthopae Aggregate	Zip Code 62794-9679 dic Surgeon 2500.00	Date of Receipt M M / D D D 2 2006 Transaction ID: 24649256 Amount of Each Receipt this Period 250.00
D.	FEC ID number of contributing federal political committee. Name of Employer ALLINI Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. D Gordon Allan, , MD Mailing Address SIU School of Medicine Div Of Ortho & Rehab City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU School of Medicine Receipt For: Primary General	C Occupation Orthopae Aggregate State IL C Occupation Orthopae Aggregate	Zip Code 62794-9679 Dedic Surgeon 250.00	Date of Receipt M M / D D D 2 2006 Transaction ID: 24649256 Amount of Each Receipt this Period 250.00

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 48 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
• • •	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
Α.				Date of Receipt
	Mailing Address 7806 Clearwater Circle			09 14 2006
	City	State	Zip Code	Transaction ID: 24650471
	Manlius	NY	13104-9326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Medical Orthopedics & Rehab	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
Б	Full Name (Last, First, Middle Initial)			Date of Bookin
В.	Dr. Gregory W Soghikian, , MD Mailing Address 700 Lake Ave Ste 1			Date of Receipt
	Mailing Address 700 Lake Ave Ste 1			09 14 2006
	City	State	Zip Code	Transaction ID: 24650473
	Manchester	NH	03103-2734	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	
	NH Orthopaedić Surgery	•	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Paul E Schwaegler, , MD			Date of Receipt
	Mailing Address 1600 E Jefferson Ste 400)		M M / D D / Y Y Y Y
				09 14 2006
	City	State	Zip Code	Transaction ID: 24650475
	Seattle	WA	98122-5647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedics International	Occupation		
Ortnopae		edic Surgeon Year-to-Date Vear-to-Date	-	
	Primary General	Aggregate	Teal-to-Date V	7
	Other (specify)		250.00	
_				
s	UBTOTAL of Receipts This Page (optional)			1750.00
			<u> </u>	
Ιт	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 136
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD			Date of Receipt
Mailing Address 11 Cherry Ln			09 14 2006
City Bedford	State NH	Zip Code 03110-4339	Transaction ID: 24650476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03110-4339	250.00
Name of Employer NHOS	Occupation		
		edic Surgeon	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Lucie M King, , MD	_		Date of Receipt
Mailing Address PO Box 2689			09 / 14 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24650477
Tuscaloosa	AL	35403-2689	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	-
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Mark A Mussell, , MD			Date of Receipt
Mailing Address 52 Medical Park E Dr St	te 115		09 / 14 / 2006
City	State	Zip Code	Transaction ID: 24650479
Birmingham 550 IB and a constitution	AL		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer AL Ortho & Spine	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify)		1000.00	
Care (openin)	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			1750.00
TOTAL This Period (last page this line number of	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surge	ons
Α.				Date of Receipt
	Mailing Address 15 Rue Fontaine			09 / 14 / 2006
	City	State	Zip Code	Transaction ID: 24650480
	Newport Beach	CA	92660-5204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. William D Gurley, , MD			Date of Receipt
	Mailing Address 7160 Foothills Dr			09 14 2006
	City	State	Zip Code	Transaction ID: 24650481
	Farmington	NM	87402-4997	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Michael L Reid, , MD			Date of Receipt
	Mailing Address 5651 Frist Blvd Ste 500			09 14 2006
	City	State	Zip Code	Transaction ID: 24650482
	Hermitage	TN	37076-2059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash	. 5 ,			
т	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)

PAGE 51 / 136 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Roger M Lyon, , MD Mailing Address MACC Research Bldg Ste 3018 09 2006 14 8701 Watertown Plank Rd City Zip Code State Transaction ID: 24650483 Milwaukee WI 53226-3548 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Medical College Wisconsin Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date V General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Steven Arthur Herbst, , MD Date of Receipt Mailing Address 3600 W Bethel Ave 09 14 2006 200 Hawkins Dr City State Zip Code Transaction ID: 24650484 4<u>7304-5407</u> Muncie IN Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Central Indiana Orthopaed-Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Gordon Stewart Campbell, , MD Date of Receipt Mailing Address 50 Gettysburg Ave 14 2006 09 City State Zip Code Transaction ID: 24650486 Brewer ME 04412-1264 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Ortho Associates of Bangor Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸۰	v information against from such Departs and State	omonto moi	ret be edd or used by any perse	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Nicholas J Yokan, , MD			Date of Receipt
	Mailing Address Van Demark Orthopaedio 1210 W 18th St Ste G01			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24650487
	Sioux Falls	SD	57104-4651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Van Demark Orthopaedic Specialists	Occupation	n edic Surgeon	
	Receipt For:	<u> </u>	e Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Frank Eugene Whitney, , MD			Date of Receipt
	Mailing Address 940 Sylva Ln Ste E			09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24650691
	Sonora	CA	95370-5969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n	7
		<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
		1 1	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Dr. Hugh A Frederick, , MD			Date of Receipt
	Mailing Address 9301 N Central Expy Ste	350		09 14 2006
	City	State	Zip Code	Transaction ID: 24650692
	Dallas	TX	75231-5009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	-
	Primary General	Aggregate	, real to Bate V	
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
	,		<u> </u>	
T	OTAL This Period (last page this line number onl	ly)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 53 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full)	arric aria adc	ress of any political committee to	Solicit Contributions from Such Committee.
	Political Action Committee of the Americ	on Accori	ation of Orthonoodia Surgoo	no
	Folitical Action Committee of the Americ	an Assuci	ation of Orthopaedic Surgeo	115
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Randall Evan Marcus, , MD			Date of Receipt
	Mailing Address 11100 Euclid Ave			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	09 26 2006
	Claveland	State	Zip Code	Transaction ID: 24671766
	Cleveland	OH	44106-1736	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	1	7
	Seir Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
	Full Name (Least First Middle Letter)			
В.	Full Name (Last, First, Middle Initial) Dr. David A Yngve, , MD			Date of Receipt
	Mailing Address Univ of Texas Med Brand	ch		M M / D D / Y Y Y Y
	301 University Blvd			09 26 2006
	City	State	Zip Code	Transaction ID: 24671773
	Galveston	TX	77555-0001	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		230.00
	Name of Employer	Occupation	1	7
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Steven E Fisher, MD			Date of Receipt
•	Mailing Address Ft Wayne Orthopaedics			M M / D D / Y Y Y Y
	PO Box 2526			09 26 2006
	City	State	Zip Code	Transaction ID: 24671774
	Fort Wayne	IN	46801-2526	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			000.00
	Name of Employer Fort Wayne Orthopaedics	Occupation	1	7
	Fort Wayne Orthopaedics		edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify)		500.00	
_				
				1250.00
S	UBTOTAL of Receipts This Page (optional)		······	1230.00

SO	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	v information applied from auch Deports and Sta	tomonto mo	, not be cold or used by any parag	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
۹.	Full Name (Last, First, Middle Initial) Dr. Patrick J Vaughan, , MD			Date of Receipt
	Mailing Address 9412 Beachwood Dr			09 / 26 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24671776
	Gig Harbor	WA	98332-6306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Richard K Thomas, , MD			Date of Receipt
	Mailing Address 27650 Ferry Rd Ste 100			09 / 26 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24671777
	Warrenville	<u> L</u>	60555-3846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Kevin P Speer, , MD			Date of Receipt
	Mailing Address Southeastern Orthopaec 3404 Wake Forest Rd S		09 26 7 2006	
	City	State	Zip Code	Transaction ID: 24671778
			Zip Code 27609-7341	Transaction ID: 24671778 Amount of Each Receipt this Period
	City	State	•	
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer	State NC	27609-7341	Amount of Each Receipt this Period
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NC C Occupation Orthopae	27609-7341 nedic Surgeon	Amount of Each Receipt this Period
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State NC C Occupation Orthopae	27609-7341	Amount of Each Receipt this Period
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State NC C Occupation Orthopae	27609-7341 n edic Surgeon e Year-to-Date ▼	Amount of Each Receipt this Period
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State NC C Occupation Orthopae	27609-7341 nedic Surgeon	Amount of Each Receipt this Period
	City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State NC C Occupatio Orthopae Aggregate	27609-7341 n edic Surgeon Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. R Dale Bernauer, , MD Mailing Address 4150 Nelson Rd Bldg D S City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State LA C C Occupation Orthopae	Zip Code 70605-4133 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / 26 / 2006 Transaction ID: 24671779 Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Dr. William P H Charlton, , MD Mailing Address 390 Pierce St City Kingston FEC ID number of contributing federal political committee. Name of Employer Self Employed	State PA C Occupation Orthopae	Zip Code 18704-5532	Date of Receipt M M
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. John Mark Roberts, V, MD Mailing Address 9250 Blue Ash Rd City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 45242-6822 10 10 2dic Surgeon 2 Year-to-Date ▼	Date of Receipt M M 26 2006 Transaction ID: 24671782 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	750.00
Т	OTAL This Period (last page this line number on	v)	.	

0	CHEDIII E A /EEC Eoum 2V)			FOR LINE NUMBER: PAGE 56 / 136
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	itaments may	y not be sold or used by any person	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
_	Full Name (Last, First, Middle Initial)			But (Busin
Α.	Dr. James M Loftus, , MD			Date of Receipt
	Mailing Address 354 Copper Field Blvd PO Box 1606			09 26 2006
	City	State	Zip Code	Transaction ID: 24671784
	Concord	NC	28025-2402	Amount of Each Receipt this Period
			20020 2 102	Amount of Each recorpt this rendu
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n dic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	-
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	7
	Other (specify)		250.00	
				-
В.	Full Name (Last, First, Middle Initial) Dr. Nial R Morgan, , MD			Date of Receipt
	Mailing Address 2575 Altamar Dr			M M / D D / Y Y Y Y
			09 26 2006	
	City	State	Zip Code	Transaction ID: 24671785
	Laguna Beach	CA	92651-1034	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	G		250.00
	Name of Employer	Occupation	1	\dashv
	Self Employed		dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
				-
C.	Full Name (Last, First, Middle Initial) Dr. Scott Leander Smith, , MD			Date of Receipt
	Mailing Address Orthopedic Surgery & S 19620 W Catawba Ave S		ci	09 26 2006
	City	State	Zip Code	Transaction ID: 24671787
	Cornelius	NC	28031-4054	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			dic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)			1
1_				750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	, , , , , , , , , , , , , , , , , , , ,
1				

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 57 / 136
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surger	one
	Tomical Action Committee of the Amen	can Associ	allori of Orthopaedic Surget	JIIS
	Full Name (Last, First, Middle Initial)			
A.	Dr. David William Bobb, , MD			Date of Receipt
	Mailing Address Orthopedic Sports Med	Ctr		M M / D D / Y Y Y Y
	825 E Robinson			09 26 2006
	City	State	Zip Code	Transaction ID: 24671788
	Norman	OK	73071-6610	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
		<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify) ▼	0 0		
D	Full Name (Last, First, Middle Initial) Dr. Harlan E Hiramoto, , MD			Date of Receipt
Ь.				<u> </u>
	Mailing Address 762 Route 202-206 Nor	09 26 2006		
	City	State	Zip Code	Transaction ID: 24671792
	Bridgewater	NJ	08807-1704	Amount of Each Receipt this Period
		INU	00807-1704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer	Occupation	ำ	
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Stephen R Goll, , MD			Date of Receipt
	Mailing Address 100 W Gore St Ste 500			09 26 2006
	City	State	Zip Code	
		FL	·	Transaction ID: 24671793
	Orlando	- FL	32806-1049	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	า	\neg
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	-	Year-to-Date ▼	7
	Primary General	1		7
	Other (specify) ▼		500.00	
	-			
s	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash				-

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
'			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Philip B Hurley, , MD			Date of Receipt
	Mailing Address Ortho & Sports Med Owe 2831 New Hartford Rd		7'- 0-1-	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Owensboro	State KY	Zip Code 42303-1320	Transaction ID: 24671794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72000 1020	250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. William H DeVries, , MD			Date of Receipt
	Mailing Address 2980 Gatewood Ln			09 / 26 / Y Y Y Y Y
	Clarkeville	State	Zip Code	Transaction ID: 24671795
	Clarksville	TN	37043-2822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	-
	Primary General			
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Peter A Smith, , MD			Date of Receipt
	Mailing Address 2211 N Oak Park Ave Shriners Hospital			09 / 26 / 2006
	City	State	Zip Code	Transaction ID: 24671797
	Chicago	IL	60707-3361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
_	STAL This Desired floor and 1. P.	1. A		
T	DTAL This Period (last page this line number on	ıy)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and Stat r commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A. <u>C</u> M	ull Name (Last, First, Middle Initial) br. Mary Kathryn Morrell, , MD lailing Address 2624 N Bosworth Ave lity Chicago EC ID number of contributing ederal political committee. lame of Employer self Employed lecceipt For: Primary General Other (specify)		Zip Code 60614-1108	Date of Receipt M M A Z 6 Z 0 0 6 Transaction ID: 24671798 Amount of Each Receipt this Period 250.00
3. DA	ull Name (Last, First, Middle Initial) br. Hanes H Brindley, Jr, MD failing Address Scott and White Memoria 2401 S 31st St city cemple EC ID number of contributing ederal political committee. lame of Employer left Employed deceipt For: Primary General Other (specify)	State TX C Occupation Orthopae	Zip Code 76508-0001 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	ull Name (Last, First, Middle Initial) br. Mark C Senese, , MD failing Address 6352 N Pinnacle Ridge E ity ucson EC ID number of contributing ederal political committee. lame of Employer left Employed lecceipt For: Primary General Other (specify)	State AZ C Occupation Orthopae	Zip Code 85718-3535 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUE	BTOTAL of Receipts This Page (optional)			1500.00
TO	FAL This Period (last page this line number on	lv)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 60 / 136
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Lage	13 14 15 16 17
An	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or i	or commercial purposes, other than using the name	and addr	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial)			
	Dr. James R Mitchell, , MD			Date of Receipt
	Mailing Address N8585 Fire Lane 9			M M / D D / Y Y Y Y
	0"			09 26 2006
	•	State	Zip Code	Transaction ID: 24671805
	Menasha \	WI	54952-9709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer October Self Employed	ccupation		1
	Self Employed Oi	rthopaed	dic Surgeon	
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			D. (D.)
٥.	Dr. Gary Worthington Bradley, , MD			Date of Receipt
	Mailing Address 511 Bath St			09 26 2006
	City S	State	Zip Code	Transaction ID: 24671826
	•	CA	93101-3403	Amount of Each Receipt this Period
		<u> </u>	93101-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Oc	ccupation		
	Self Employed O	rthopaed	dic Surgeon	
	Receipt For:	ggregate '	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Paul Allen Davis, , MD			Date of Receipt
	Mailing Address 90 Cedar Point Ln			M M / D D / Y Y Y Y
	Maining / Notice 50 Gedai 1 Ollit Ell			09 26 2006
	City	State	Zip Code	Transaction ID: 24671829
	Killen A	AL	35645-8723	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.			250.00
	Name of Frankrica			4
	Self Employed	ccupation		
			dic Surgeon Year-to-Date ▼	-
	Primary General	ggregale	Teal-lo-Date ▼	
	Other (specify)		500.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
	(optional)			
т	OTAL This Period (last page this line number only) .			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 136	٦
			Use separate schedule(s)	(check only one)	٦
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 17	7
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns	
	Full Name (Last, First, Middle Initial)				_
۹.	Dr. John C Gordon, , MD			Date of Receipt	
	Mailing Address 6830 Hospital Dr Ste 202	2		09 26 2006	
	City	Ctoto	7in Codo		
	City	State MD	Zip Code	Transaction ID: 24671830	
	Baltimore	IVID	21237-4377	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation	1	7	
	Self Employed	Orthopae	edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
2	Full Name (Last, First, Middle Initial) Dr. Michael M Durkee, , MD			Date of Receipt	
э.	Mailing Address 2751 Northgate Dr			─	
	Mailing Address 2/51 Northgate Dr			09 26 2006	
	City	State	Zip Code	Transaction ID: 24671831	
	Iowa City	IA	52245-9509	Amount of Each Receipt this Period	_
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Steindler Clinic	Occupation			
			edic Surgeon	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Curior (specify)	0 0			
_	Full Name (Last, First, Middle Initial)			B. (B.)	
j.	Dr. Gregory A Vrabec, , MD			Date of Receipt	
	Mailing Address Akron General Hosp/Chil 224 W Exchange St Ste			09 26 2006	
	City	State	Zip Code	Transaction ID: 24671832	
	Akron	ОН	44302-1718	Amount of Each Receipt this Period	_
	FEC ID number of contributing				
	federal political committee.	C		1000.00	
	Name of Employee	0		_	
	Name of Employer Self Employed	Occupation	n edic Surgeon		
	Receipt For:		Year-to-Date V	\dashv	
	Primary General	Aggregate	Teal-10-Date		
	Other (specify)		2000.00		
		-	0 0 0 0 0 0 0	1	
					_
S	UBTOTAL of Receipts This Page (optional)			1750.00	
	<u> </u>		•		
T	OTAL This Period (last page this line number on	ly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 136
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Robert A Kaye, , MD Mailing Address 2281 W 24th St #1 City Yuma FEC ID number of contributing federal political committee. Name of Employer Self Employed		edic Surgeon	Date of Receipt M M
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Anthony Tyrone Fenison, , MD Mailing Address 5225 Canyon Crest Dr S	te 71		Date of Receipt 0 9 2 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 24671834
	Riverside	CA	92507-6321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial)			B : (B ::
J .	Dr. A Lee Hunter, Jr, MD Mailing Address 1223 1/2 Trotwood Ave			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 24671835
	Columbia	TN	38401-6430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1250.00
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 63 / 136
	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	, ,	13 14 15 16 17
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may not be sold or used by any pe ame and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	,,	
Political Action Committee of the Americ	can Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Thomas M Florack, , MD		Date of Receipt
Mailing Address Prevea Clinic 900 S Webster Ave		09 / 26 / 2006
City	State Zip Code	Transaction ID: 24671836
Green Bay	WI 54301-3508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Vincent E Vena, , MD		Date of Receipt
Mailing Address 2 Celeste Dr		09 / 26 / Y Y Y Y
City	State Zip Code	Transaction ID: 24671837
<u>Johnstown</u>	PA 15905-2832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation	
	Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD		Date of Receipt
Mailing Address 6770 Mayfield Rd Ste 44	.1	09 26 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 24671838
Mayfield Heights	OH 44124-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	_
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number or	ily)	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 136
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Guy Leslie Rutledge, Ill, MD			Date of Receipt
	Mailing Address PO Box 86144			09 26 7 2006
	City	State	Zip Code	Transaction ID: 24671839
	Mobile	AL	36689-6144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Group	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Dr. Jeffrey A Baum, , MD Mailing Address 200 Delafield Rd Ste 104	M M / D D / Y Y Y Y		
	Zoo Belanela Ha Ste 10-	09 26 2006		
	City	State	Zip Code	Transaction ID: 24671840
	Pittsburgh	PA	15215-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Three Rivers Orthopaedics	Occupation		
	Associates U	•	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		2000.00	
D.	Full Name (Last, First, Middle Initial) Dr. Thomas G Friermood, , MD			Date of Receipt
	Mailing Address 660 Golden Ridge Rd St	e 250		09 26 2006
	City	State	Zip Code	Transaction ID: 24671841
	Golden	CO	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Panorama Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number on	lv)	b	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 65 / 136	
ITEMIZED RECEIPTS		or each category of the	(check only one)		
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solicit solicit contributions from :	ting contributions such committee
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to		2001 0011111111001
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ine	
	Tollical Action Committee of the Ameri	04117133001	ation of Orthopacale Cargeo	110	
_	Full Name (Last, First, Middle Initial)				
A.	Dr. William Charles Jacobson, , MD			Date of Receipt	
	Mailing Address 1601 NW 114th St Ste	142		09 26	2006
	City	State	Zip Code	Transaction ID: 24	
	Des Moines	IA	50325-7036	Amount of Each Re	
			30323 7030	Amount of Lacif Re	ceipt triis renod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Central Iowa Orthopaedics	Occupation			
		<u> </u>	edic Surgeon • Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-10-Date V	,	
	Other (specify)		500.00		
		0 0		1	
_	Full Name (Last, First, Middle Initial)				
В.	Dr. John R Chase, , MD			Date of Receipt	
	Mailing Address 515 W State Route 434	M M / D D	2006		
	City	09 26			
	City	State FL	Zip Code	Transaction ID: 24	
	Longwood	FL	32750	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Jewett Orthopaedic Clinic	Occupation			
		<u> </u>	edic Surgeon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	450.00		
	outles (openity) \psi	0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Philip R Hardy, , MD			Date of Receipt	
	Mailing Address 1325 San Marco Blvd S	te 200		0 9 2 6	2006
	City	State	Zip Code	Transaction ID: 24	
	<u>Jacksonville</u>	FL	32207-8566	Amount of Each Re	
	FEC ID number of contributing		02207 0000	Amount of Lacif Re	ceipt triis renod
	federal political committee.	C			500.00
	·	1.			
	Name of Employer Jacksonville Orthopaedic	Occupation			
	Institute		edic Surgeon • Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	,	
	Other (specify)		500.00		
Cutor (specify)				1	
	-				
s	UBTOTAL of Receipts This Page (optional)				1250.00
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T	OTAL This Period (last page this line number o	nly)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Associa	ation of Orthopaedic Surgeo	าร
Α.	Clifton FEC ID number of contributing federal political committee. Name of Employer Self Employed		Zip Code 07012-1521 n dic Surgeon Year-to-Date ▼ 4000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Seattle FEC ID number of contributing federal political committee. Name of Employer Orthopaedics International	•	Zip Code 98122-5647 dic Surgeon Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Mobile FEC ID number of contributing federal political committee. Name of Employer The Orthopedic Group		Zip Code 36689-6144 dic Surgeon Year-to-Date ▼	Date of Receipt M M M / 26 / 2006 Transaction ID: 24671863 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)		······•	1500.00
T	OTAL This Period (last page this line number only)		>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 136
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos commany rago	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Glenn W Nichols, , MD			Date of Receipt
	Mailing Address 200 Medical Pkwy Ste 1	111		09 26 2006
	City	State	Zip Code	Transaction ID: 24671865
	Chesapeake	VA	23320-4911	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		2500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard lan Goldberger, , MD			Date of Receipt
	Mailing Address 5106 N Armenia Ave Ste 4			M M / D D / Y Y Y Y
				09 26 2006
	City	State	Zip Code	Transaction ID: 24671866
	Tampa	FL	33603-1433	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer	Occupation		7
	Self Employed 1		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	350.00	
	Other (specify)			
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Descript
J .	Dr. Thomas W Currey, , MD Mailing Address 975 E 3rd St Box 260			Date of Receipt
	973 L 31d 31 BOX 200			09 26 2006
	City	State	Zip Code	Transaction ID: 24671867
	Chattanooga	TN	37403-2103	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Univ of Tenn	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date V	-
	Primary General	riggrogato	Tear to Bate 🗘	
	Other (specify)		3000.00	
				'
				•
5	UBTOTAL of Receipts This Page (optional)			2100.00
\vdash	ago (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 136
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	y information copied from such Reports and Statemer for commercial purposes, other than using the name	nts may and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the American			
Α.	Full Name (Last, First, Middle Initial) Dr. Adolph V Lombardi, Jr, MD Mailing Address Joint Implant Surgeons, Inc			Date of Receipt
	- 7	tate	Zip Code	0 9 2 6 2 0 0 6 Transaction ID: 24671869
	New Albany FEC ID number of contributing federal political committee. C)H	43054	Amount of Each Receipt this Period 1000.00
	Joint Implant Súrgeons, Inc Ort		edic Surgeon • Year-to-Date ▼ 1000.00]
В.	Full Name (Last, First, Middle Initial) Dr. Michael T Stowell, , MD Mailing Address 19254 Jamestown Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	tate	Zip Code	Transaction ID: 24671870
	<u>Hagerstown</u> M	<u>1D</u>	21742-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Mid Atlantic Orthopaedic Specialists Ort		n edic Surgeon Year-to-Date ▼	
C.	Full Name (Last, First, Middle Initial) Dr. Daniel J Gallagher, , MD			Date of Receipt
	Mailing Address Bone & Joint Clinic West Jefferson Med Bldg			09 26 2006
	City Si Marrero L	tate A	Zip Code 70072-3064	Transaction ID: 24671871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		250.00
	Bone & Joint Clinic Ort		edic Surgeon	
	Receipt For: Primary General Other (specify)	gregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		······	1500.00
	OTAL This Period (last page this line number only)			

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 136
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Rolando Colon-Nebot, , MD			Date of Receipt
	Mailing Address PO Box 668			09 26 7 2006
	City	State	Zip Code	Transaction ID: 24671873
	Arecibo	PR	00613-0668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Michael Laurence Slutzker, , MD			Date of Receipt
	Mailing Address 4201 Torrance Blvd Ste	09 / 26 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24671874
	Torrance	CA	90503-4529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
		•	dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		350.00	
	Full Name (Last, First, Middle Initial) Dr. Gregory R Misenhimer, , MD			Date of Receipt
	Mailing Address 2150 Trawood Dr Ste A1	50		09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24671876
	El Paso	TX	79935-3323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	-
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number on	lv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 136
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Richard A Morvant, Jr, MD			Date of Receipt
	Mailing Address 806 Bayou Ln			09 / 26 / Y Y Y Y Y
	City Thibodaux	State LA	Zip Code 70301-4954	Transaction ID: 24671878 Amount of Each Receipt this Period
	FEC ID number of contributing		70001-4904	
	federal political committee.	C		1000.00
	Solf Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas R Bielejeski, , MD			Date of Receipt
	Mailing Address 5526 E Morada Ln	09 / 26 / 2006		
	City	State	Zip Code	Transaction ID: 24671879
	Stockton	CA	95212-2617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Stockton Orthonoodic Modi	Occupation		
	cal Group, In Receipt For:		edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify)		250.00	
D.	Full Name (Last, First, Middle Initial) Dr. Mark T Wichman, , MD			Date of Receipt
	Mailing Address Milwaukee Ortho Speciali 1575 N Rivercenter Dr Sto			09 / 26 / 2006
	City	State	Zip Code	Transaction ID: 24671880
	Milwaukee	WI	53212-3965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Milwaukoo Orthonaadia Spa	Occupation		
	cialists Receipt For:		edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	
	Other (specify) ▼		500.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number only	y)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 136
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Peter J Stern, , MD			Date of Receipt
Mailing Address 538 Oak St Ste 200			09 26 7 2006
City	State	Zip Code	Transaction ID: 24671881
Cincinnati	OH	45219-2507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of Cincinnati College	Occupation	n edic Surgeon	
of Medicine Receipt For:		e Year-to-Date ▼	
Primary General	33 - 3		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Steven Moen, , MD			Date of Receipt
Mailing Address 4908 1st Ave S	09 26 7 2006		
City	State	Zip Code	Transaction ID: 24671884
Minneapolis	MN	55409-2606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Twin Cities Orthopaedics	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General		1000.00	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. William O Samuelson, , MD			Date of Receipt
Mailing Address 2800 Pierce St Ste 101			09 26 2006
City	State	Zip Code	Transaction ID: 24671885
Sioux City	IA	51104-3707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	7
Primary General	1 1	1000.00	1
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)			2250.00
TOTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 136
ITEMIZED RECEIPTS			or each category of the	(check only one)
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_				13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	me and ado	r not be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surged	ons
A.	Full Name (Last, First, Middle Initial) Dr. James J Purtill, , MD			Date of Receipt
	Mailing Address 25 Lane of Acres			09 26 7 2006
	City	State	Zip Code	Transaction ID: 24671886
	Haddonfield	NJ	08033-3504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Colf Employed '	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		2000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Thomas E Baier, , MD			Date of Receipt
	Mailing Address 725 Stonegate			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24671887
	Libertyville	IL	60048-1855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Greenleaf Orthonodic	Occupation	n dic Surgeon	7
	Receipt For:	•	Year-to-Date V	
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify) ▼	0 0	1500.00	
	Full Name (Last, First, Middle Initial) Dr. Brian E Gunnlaugson, , MD			Date of Receipt
	Mailing Address 1257 Laurel View Dr			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 24671888
	Johnstown	PA	15905-1509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General	00 0		1
	Other (specify) ▼		550.00	
				1800.00
I S	UBTOTAL of Receipts This Page (optional)			1000.00

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 73 / 136		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Michelle D Ward, , MD			Date of Receipt		
	Mailing Address 8409 Wilson Ct			09 / 26 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24671890		
	Alta Loma	CA	91701-1950	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Garey Orthopedic Medical Group Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼			
— В.	Full Name (Last, First, Middle Initial) Dr. John Raymond Morris, , MD			Date of Receipt		
	Mailing Address 27625 Gold Dust Ln	09 26 2006				
	City	State	Zip Code	Transaction ID: 24671891		
	Laguna Hills	CA	92653-7800	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Scott Beecher Scutchfield, , MD			Date of Receipt		
	Mailing Address 1591 Lexington Rd			0 9 2 6 2 0 0 6		
	City	State	Zip Code	Transaction ID: 24671892		
	<u>Danville</u>	KY	40422-9795	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	100.00				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	1		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00			
s	SUBTOTAL of Receipts This Page (optional)			800.00		
1						

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 74 / 136
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atemente may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Ameri	ican Accoci	ation of Orthonaedic Surger	one
	Tollical Action Committee of the Amen	can Associ	allori of Orthopaedic Surger	JIIS
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Dr. David H Godfried, , MD			Date of Receipt
	Mailing Address 89 Remington Rd			M M / D D / Y Y Y Y
				09 26 2006
	City	State	Zip Code	Transaction ID: 24671893
	Manhasset	NY	11030-2726	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Children's Hospital	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	U Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Baselat
В.				Date of Receipt
	Mailing Address 604 Reinerman St			09 26 2006
	City	State	Zip Code	
	•		•	Transaction ID: 24671894
	Houston	TX	77007-5235	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Texas Orthopaedic & Sports	Occupation	า	\neg
	Texas Orthopaedic & Sports Medicine		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		· · · · · · · · · · · · · · · · · · ·	7
	Other (specify) ▼		500.00	
				*
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Sarah D Beshlian, , MD			Date of Receipt
	Mailing Address 1231 20th Ave E			M M / D D / Y Y Y Y
	<u></u>			09 26 2006
	City	State	Zip Code	Transaction ID: 24671895
	Seattle	WA	98112-3530	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			255.55
	Name of Employer	Occupation	า	\dashv
	Self Employed		edic Surgeon	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, .gg. ogale		7
	Other (specify)		350.00	
		0 0	1 1 1 1 1 1 1	4
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\vdash	UBTOTAL of Receipts This Page (optional)			
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 75 / 136
•		Use separate schedule(s) or each category of the		(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
\angle				
A.	Full Name (Last, First, Middle Initial) Dr. John Lawrence Marsh, , MD			Date of Receipt
Α.				╡
	Mailing Address Univ of Iowa Hospital 200 Hawkins Dr			09 27 2006
	City	State	Zip Code	Transaction ID: 24673487
	Iowa City	IA	52242-1007	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		500.00
	· · · · · · · · · · · · · · · · · · ·	10		
	Name of Employer Univ of Iowa	Occupation		
	Descript Four	<u> </u>	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 9000 Waukegan Rd			M M / D D / Y Y Y
	-			09 27 2006
	City	State	Zip Code	Transaction ID: 24673488
	Morton Grove	IL	60053-2111	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	0		
	Name of Employer	Occupation	1	
	Illinois Bone'& Joint	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Barry Scott Grames, , MD			Date of Receipt
-	Mailing Address Arrowhead Orthopaedics	s		M M / D D / Y Y Y Y
	1901 W Lugonia Ave Ste			09 27 2006
	City	State	Zip Code	Transaction ID: 24673490
	Redlands	CA	92374-9704	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	 1	_
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
				4
	<u>'</u>			
s	UBTOTAL of Receipts This Page (optional)			2500.00
\vdash	1			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Ar or	by information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	Inot be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ				
A .	Full Name (Last, First, Middle Initial) Dr. Larry Levin, , MD Mailing Address 16244 S Military Tr Ste 4 City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State FL C Occupation Orthopae	Zip Code 33484-6505 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M Z 7 Z 0 0 6 Transaction ID: 24673491 Amount of Each Receipt this Period 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Patrick G Kirk, , MD Mailing Address 4760 E Galbraith Rd Ste City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Orthopae	45236-6704 n edic Surgeon	Amount of Each Receipt this Period 1000.00	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
-	Full Name (Last, First, Middle Initial) Dr. Ajoy K Jana, , MD Mailing Address 15902 Patrick Ave City Omaha	State NE	Zip Code 68116-2430	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	FEC ID number of contributing federal political committee. Name of Employer Physicians Clinic Sports Med Center Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00	
T	OTAL This Period (last page this line number on				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 136	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		are or arry point our committee to	
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ne
	Tomocal Action Committee of the Ameri	04117133001	ation of Orthopacale Cargeo	
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Scott D Karr, , MD			Date of Receipt
	Mailing Address 5050 N Clinton St			09 27 2006
	City	State	Zip Code	
	Fort Wayne	IN	46825-5890	Transaction ID: 24673494
	•	IIN	40023-3090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Orthopaedics Northeast	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Cirici (Specify)	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.	,			Date of Receipt
	Mailing Address 2690 Pacific Ave Ste 30	00		M M / D D / Y Y Y Y
	-			09 27 2006
	City	State	Zip Code	Transaction ID: 24673495
	Long Beach	CA	90806-2660	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	า	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Mark E Baratz, , MD			Date of Receipt
	Mailing Address Allegheny Ortho Associ	ates		M M / D D / Y Y Y Y
	1307 Federal St			09 27 2006
	City	State	Zip Code	Transaction ID: 24673496
	Pittsburgh	PA	15212-4705	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Allegheny General Hospital		edic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General		700.00	
	Other (specify)	0 0	100.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 136
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Vermon Sims Esplin, , MD			Date of Receipt
	Mailing Address 560 Memorial Dr			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 24673497
	Pocatello	ID	83201-4073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Occupat Self Employed Orthon		n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Fredrick Huang, , MD			Date of Receipt
	Mailing Address 4011 Talbot Rd S Ste 300)	09 / 27 / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 24673498
	Renton	WA	98055-5791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Valley Orthonaédic Associ-	Occupation		
	ates	•	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	-			
`	Full Name (Last, First, Middle Initial) Dr. Ira Joel Singer, , MD			Date of Receipt
٠.	Mailing Address 725 Reservoir Ave Ste 10	1		M M / D D / Y Y Y Y
		•		09 27 2006
	City	State	Zip Code	Transaction ID: 24673499
	Cranston	RI	02910-4450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Solf Employed	Occupation		7
Receipt For: Aggregat			edic Surgeon	_
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		750.00	
	Suici (Specify) •			
s	UBTOTAL of Receipts This Page (optional)			1500.00
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т	OTAL This Pariod (last nage this line number only	/\	•	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and Stat r commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\ \	IAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
A. []	Full Name (Last, First, Middle Initial) Or. Edward A Toriello, , MD Mailing Address 7815 Eliot Ave City Middle Village FEC ID number of contributing ederal political committee. Idame of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 11379-1300 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. []	Full Name (Last, First, Middle Initial) Or. Jeffrey H Charen, , MD Mailing Address Orthoc Assoc of Central 205 May St Ste 202 City Edison FEC ID number of contributing Federal political committee. Jame of Employer Orthopaedic Associates of Central NJ Receipt For: Primary General Other (specify)	State NJ C Occupation Orthopae	Zip Code 08837-3267 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / 2 7 2 0 0 6 Transaction ID: 24673501 Amount of Each Receipt this Period 250.00
C. [N	full Name (Last, First, Middle Initial) or. Alberto D Cuellar, , MD Mailing Address 17270 Red Oak Dr Ste 2 City Houston EC ID number of contributing ederal political committee. Iame of Employer (SF Orthopaedic Center Receipt For: Primary General Other (specify)	State TX C Occupation Orthopae	Zip Code 77090-2632 In edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)			2250.00
TO	TAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 80 / 136
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, 0	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Ray M Fitzgerald, , MD			Date of Receipt
Mailing Address 17270 Red Oak Dr Ste 2	200		09 27 2006
City	State	Zip Code	Transaction ID: 24673503
<u>Houston</u>	TX	77090-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer KSF Orthopaedic Center	Occupation	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael C Albert, , MD			Date of Receipt
Mailing Address Orthopaedic Ctr for Spir One Childrens Plaza	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 24688177
Dayton	OH	45404-1898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Ortho Ctr for Spinal & Pe-	Occupation		
diatric Care .		edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		1500.00	
Full Name (Last, First, Middle Initial) Dr. Brian A Shaw, , MD			Date of Receipt
Mailing Address 3010 N Circle Dr Ste 10	0A		09 29 2006
City	State	Zip Code	Transaction ID: 24688178
Colorado Springs	CO	80909-1174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any or f	vinformation copied from such Reports and Stator commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons			
A.	Full Name (Last, First, Middle Initial) Dr. Devon D Goetz, , MD Mailing Address 6001 Westown Pky City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Des Moines Orthopaedic Surgeons Receipt For: Primary General Other (specify)	<u> </u>	Zip Code 50266-7702 n edic Surgeon Year-to-Date ▼ 625.00	Date of Receipt M M M / 29 / 2006 Transaction ID: 24688179 Amount of Each Receipt this Period 500.00			
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey L Lovallo, , MD Mailing Address 7025 Benjamin St City Mc Lean FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 22101-1550 nedic Surgeon Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
C.	Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD Mailing Address 1310 W Stewart Dr Ste 5 City Orange FEC ID number of contributing federal political committee. Name of Employer APOS Receipt For: Primary General Other (specify)	State CA C Occupation Orthopae	Zip Code 92868-3856 n edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / 29 / 2006 Transaction ID: 24688181 Amount of Each Receipt this Period 500.00			
SI	SUBTOTAL of Receipts This Page (optional)						
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0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 82 / 136
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	itements may lame and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Stanley H Nahigian, , MD			Date of Receipt
	Mailing Address 29001 Cedar Rd Ste 51	9		09 29 2006
	City	State	Zip Code	Transaction ID: 24688182
	Cleveland	OH	44124-4041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		7
	Other (specify) ▼	1	600.00	
				*
В.	Full Name (Last, First, Middle Initial) Dr. Miguel Antonio Schmitz, , MD			Date of Receipt
	Mailing Address 800 Hillside Ave	M M / D D / Y Y Y Y		
		09 29 2006		
	City	State	Zip Code	Transaction ID: 24688183
	Klamath Falls	OR	97601-2214	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	11
	Other (specify) ▼		+50.00	1
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Johnathan Richard Perry, , MD			Date of Receipt
	Mailing Address 875 Swift Blvd			09 29 2006
	City	State	Zip Code	Transaction ID: 24688184
	Richland	WA	99352-3592	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation		-
	Name of Employer Northwest Orthopedic Asso-	Occupation		
	ciates		edic Surgeon	\dashv
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
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1				202.22
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 136			
	EMIZED RECEIPTS		or each category of the	(check only one)			
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Δr	y information copied from such Reports and Stateme	nts may	not be sold or used by any perso				
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)						
\rangle	Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns			
_				1			
۵.	Full Name (Last, First, Middle Initial) Dr. Timothy C Beals, , MD			Date of Receipt			
	Mailing Address Univ Orthopaedics Center			M M / D D / Y Y Y Y			
	590 Wakara Way			09 29 2006			
	•	tate	Zip Code	Transaction ID: 24688185			
	Salt Lake City U	JT	84108-1200	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee			250.00			
	federal political committee.			200.00			
	Name of Employer Occurrence University of Utah	cupation	1	1			
	University of Utah Ort	thopae	dic Surgeon				
	Receipt For: Ag	gregate	Year-to-Date ▼				
	Primary General		450.00				
	Other (specify) ▼	1 1	100.00				
	Full Name (Last, First, Middle Initial)			+			
3.	Dr. Gregg Louis Massanelli, , MD			Date of Receipt			
	Mailing Address 704 W Grove Ste 5			M M / D D / Y Y Y Y			
				09 29 2006			
	,	tate	Zip Code	Transaction ID: 24688186			
	El Dorado A	<u>R</u>	71730-4469	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	;		500.00			
	rederal political committee.						
	Medical Center of South	cupation					
	Arkansas		dic Surgeon				
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼				
	Other (specify)		1500.00				
	Carlot (opecity) V	0 0					
	Full Name (Last, First, Middle Initial)						
Э.	Dr. Jeffrey Stickney, , MD			Date of Receipt			
	Mailing Address Evergreen Orthopaedic Clinic			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	12911 120th Ave NE Ste H2 City S	tate	Zip Code	Transaction ID: 24688187			
	•	VA	98034-3065	Amount of Each Receipt this Period			
	FEC ID records on af a cartailly still as		3333.333				
	federal political committee.	;		100.00			
	Name of Employer	Olibor; -					
Name of Employer Evergreen Orthopaedic & Orthopae			n dic Surgeon				
	Tractare Cilin		Year-to-Date ▼	1			
	Primary General	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Other (specify) ▼		300.00				
	850.00						
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- T	OTAL This Period (last page this line number only)		D				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 136
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John D Miles, , MD			Date of Receipt
	Mailing Address PO Box 0			09 / 29 / 2006
	City	State	Zip Code	Transaction ID: 24688188
	Columbia	MO	65205-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Walter G Robinson, Jr, MD			Date of Receipt
	Mailing Address 660 Golden Ridge Rd Ste	09 / 29 / 4 2006		
	City	State	Zip Code	Transaction ID: 24688190
	Golden	<u> </u>	80401-9541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Woodridge Ortho & Spine	Occupation		
	Center		edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
j.	Dr. Howard R Epps, , MD			Date of Receipt
	Mailing Address 7401 S Main			09 29 2006
	City	State	Zip Code	Transaction ID: 24688193
	Houston	TX	77030-4509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fondren Orthopedic Group, LLP	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		······	1000.00
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Т	OTAL This Period (last page this line number on	ly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
A .	Full Name (Last, First, Middle Initial) Dr. William C Cottrell, , MD Mailing Address 430 Morton Plant St Ste 3 City Clearwater FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of West Florida Receipt For:	State FL C Occupation Orthopae	Zip Code 33756-3395 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / 29 / 2006 Transaction ID: 24688194 Amount of Each Receipt this Period 250.00
	Primary General Other (specify) ▼	0 0	850.00	
3.	Full Name (Last, First, Middle Initial) Dr. Robert P Good, , MD Mailing Address 27 S Bryn Mawr Ave City Bryn Mawr FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 19010-3470	Date of Receipt M M Z 9 Z 0 0 6 Transaction ID: 24688195 Amount of Each Receipt this Period 250.00
D.	Full Name (Last, First, Middle Initial) Dr. George A Wade, , MD Mailing Address 1188 University Dr City Page	State	Zip Code	Date of Receipt M M
	Boise FEC ID number of contributing federal political committee. Name of Employer Idaho Sports Medicine Institute Receipt For: Primary General Other (specify)		83706-3060 n edic Surgeon e Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number on	(v)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 136				
			Use separate schedule(s) or each category of the	(check only one)				
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guillinary Fage	13 14 15 16	17			
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or i	or commercial purposes, other than using the nar	ne and ado	dress of any political committee to	solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
\rangle	Political Action Committee of the America	ın Associ	ation of Orthopaedic Surgeo	ns				
_								
	Full Name (Last, First, Middle Initial)							
	Dr. Brian S Parsley, , MD			Date of Receipt				
	Mailing Address 6620 Main St			09 29 2006				
	Ste 1350	0	7: 0 !					
	City	State	Zip Code	Transaction ID: 24688197				
	Houston	TX	77030-2305	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.				_			
	Name of Employer	Occupation	1	-				
	Raylor College of Medicine		dic Surgeon					
			Year-to-Date ▼	-				
	Primary General	Aggregate	Teal to Bate \$					
	Other (specify)		2000.00					
	Carior (Speedily)	0 0	0 0 0 0 0 0 0					
	Full Name (Last, First, Middle Initial)				—			
3.	Dr. James D Dowd, , MD			Date of Receipt				
	Mailing Address PO Box 5010			M M / D D / Y Y Y Y				
	1 0 Box 0010	09 29 2006						
	City	Zip Code	Transaction ID: 24688199					
	Grants Pass	OR	97527-0010	Amount of Each Receipt this Period				
	FEC ID number of contributing				т.			
	federal political committee.	C		50.00				
					7			
	Grante Pace' Orthonoodia	Occupation						
	Surgery	•	edic Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼		250.00					
	Full Name (Last, First, Middle Initial)			Data of Danaire				
	Dr. Raymond A Koch, , MD Mailing Address 227 Boyle Dr			Date of Receipt				
	Mailing Address 227 Boyle Dr			09 29 2006				
	City	State	Zip Code	Transaction ID: 24688200				
	Eureka	CA	95503-6401	Amount of Each Receipt this Period				
		<u> </u>	33303 0401	Amount of Lacif Receipt this Feriod	-			
	FEC ID number of contributing federal political committee.	C		100.00				
	rederal political committee.				4			
	Name of Employer Humboldt Ortho Assoc.	Occupation	1	\neg				
	TUTIDOIQE OFFIO ASSOC.	Orthopae	edic Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		100.00					
	Other (specify) ▼		400.00					
SI	JBTOTAL of Receipts This Page (optional)			1150.00				
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Т	OTAL This Period (last page this line number only	'))					

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 136	
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel J Karns, , MD			Date of Receipt
	Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste 10	00		09 29 2006
	City	State	Zip Code	Transaction ID: 24688201
	Parma	OH	44129-5469	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southwest Orthopaedics, Inc.	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Henry A Backe, Jr, MD			Date of Receipt
	Mailing Address Orthopaedic Specialty G 75 Kings Highway Cutoff		09 / 29 / 2006	
	City	State	Zip Code	Transaction ID: 24688202
	<u>Fairfield</u>	CT	06824-5340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gerald J Ortiz, , MD			Date of Receipt
	Mailing Address 5010 St Hwy 30 Ste 205			09 29 2006
	City	State	Zip Code	Transaction ID: 24688204
	Amsterdam	NY	12010-7532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Mohawk Valley Orthopaedics	n edic Surgeon	7	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 88 / 136
	TEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. William H Warden, III, MD			Date of Receipt
	Mailing Address 2760 Atlantic Ave			09 / 29 / 4 2006
	City	State	Zip Code	Transaction ID: 24688205
	Long Beach	CA	90806-2755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Orthopaedic Surg- ical Group	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		1200.00	
	Other (specify) ▼	0 0	1200.00	
3.	Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD			Date of Receipt
	Mailing Address 1663 Rollins Rd			09 / 29 / 4 2006
	City	State	Zip Code	Transaction ID: 24688206
	Burlingame	CA	94010-2301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation		
		•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	2500.00	
D.	Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD			Date of Receipt
	Mailing Address 3 Peter Cooper Rd Apt 2	F		09 / 29 / 2006
	City	State	Zip Code	Transaction ID: 24688207
	New York	NY	10010-6616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Montefiore Medical Center	Occupation		7
	Receipt For:		edic Surgeon Year-to-Date V	\dashv
	Primary General	, iggi ogalo		1
	Other (specify) ▼	0 0	750.00	
S	UBTOTAL of Receipts This Page (optional)			2250.00
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 89 / 136
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	arric aria add	ricss of any political committee to	Solicit Contributions from Such Committee.
	Political Action Committee of the Americ	oon Accoci	ation of Orthonoodia Surgoo	no
	Folitical Action Committee of the Americ	Jan Assuci	ation of Orthopaedic Surgeo	IIS
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Paul A Caviale, , MD			Date of Receipt
	Mailing Address 201 E Orangeburg Ave S	Ste F		09 29 2006
	City	Ctoto	Zin Cada	
	City Modesto	State CA	Zip Code	Transaction ID: 24688208
		CA	95350-5355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
		<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial)			
В.	Dr. John G Birch, , MD			Date of Receipt
	Mailing Address Texas Scottish Rite Hos	р		M M / D D / Y Y Y Y
	2222 Welborn St	01-1-	7'- 0 - 1-	09 29 2006
	City	State	Zip Code	Transaction ID: 24688209
	Dallas	TX	75219-3924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Texas Scottish Rite Hospi-	Occupation		
	<u>tal</u>	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		700.00	
	Carlor (Speedily)	1 1	1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Thomas L Martin, , MD			Date of Receipt
	Mailing Address SUN Orthopaedic Group)		09 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	900 Buffalo Rd	State	Zip Code	
	Lewisburg	PA	17837-2800	Transaction ID: 24688210
	•	1.7	17637-2600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Sun Orthopaedic Group	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	1	750.00	
		0 0	1 1 1 1 1 1 1	
s	JBTOTAL of Receipts This Page (optional)		.	1600.00
\vdash	. 3 (1 %)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 90 / 136
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Donald Mark Arms, , MD			Date of Receipt
	Mailing Address 207 Oak Park		7.0.	09 29 2006
	City	State	Zip Code	Transaction ID: 24688212
	Mc Minnville	TN	37110-1336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)	0 0	730.00	
_	Full Name (Last, First, Middle Initial)			
В.		Date of Receipt		
	Mailing Address 4230 Harding Rd Ste 10 St Thomas Medical Bldg	09 29 2006		
	City	State	Zip Code	Transaction ID: 24688213
	Nashville	TN	37205-2098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TOA	Occupation		
		·	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	' '	500.00	
		0 0	0 0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Dr. David R R Richardson, , MD			Date of Receipt
	Mailing Address 7545 Airways Blvd			M M / D D / Y Y Y Y
				09 29 2006
	City	State	Zip Code	Transaction ID: 24688214
	Southaven	MS	38671-5806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Campbell Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)		250.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00
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Ιт	OTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 91 / 136			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
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or	ny information copied from such Reports and Stator commercial purposes, other than using the r	name and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
A.				Date of Receipt			
	Mailing Address 6719 Alvarado Rd Ste 2	200		09 29 2006			
	City	State	Zip Code	Transaction ID: 24688215			
	San Diego	CA	92120-5256	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify)	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Dr. Timothy Allen Gibbons, , MD			Date of Receipt			
	Mailing Address 250 S Crescent Dr			M M / D D / Y Y Y Y			
				09 29 2006			
	City	State	Zip Code	Transaction ID: 24688216			
	Mason City	IA	50401-2926	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer Self Employed	Occupation					
			edic Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Donald J Zoltan, , MD			Date of Receipt			
U.	Mailing Address 2025 W Oklahoma Ave	Ste 100		M M / D D / Y Y Y Y			
	ZOZS W Chianoma Ave	016 100		09 29 2006			
	City	State	Zip Code	Transaction ID: 24688217			
	Milwaukee	WI	53215-4455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	-	500.00	1			
	Other (specify)		300.00	1			
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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atamante may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surger	one
	Tomical Action Committee of the Amen	can Associ	allori of Orthopaedic Surged	n 15
	Full Name (Last, First, Middle Initial)			
A.	Dr. Murray Allan Morrison, , MD			Date of Receipt
	Mailing Address Orthopaedic Specialty (Group,PC		M M / D D / Y Y Y Y
	75 Kings Hwy Cutoff			09 29 2006
	City	State	Zip Code	Transaction ID: 24688218
	<u>Fairfield</u>	CT	06824-5340	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
				_
	Name of Employer Orthopaedic Surgery Group,	Occupation		
	PC		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			J
_				
R	Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD			Date of Receipt
υ.				─
	Mailing Address Duke Health Ctr Ortho 3116 N Duke St	09 29 2006		
	City	State	Zip Code	Transaction ID: 24688219
	<u>Durham</u>	NC	27704-2102	Amount of Each Receipt this Period
		110	27704 2102	Amount of Lacri Necept this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	
	Duke Universitý	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	750.00	
_	Full Name (Last, First, Middle Initial) Dr. Joseph P Walls, , MD			Date of Receipt
C.				M M / D D / Y Y Y Y
	Mailing Address 755 N Roop St Ste 101			09 29 2006
	City	State	Zip Code	Transaction ID: 24688220
	Carson City	NV	89701-3107	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Capitol Orthopedics	Occupation		
		-	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	450.00	1
	Other (specify) ▼		450.00	
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				750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N			
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Ar	y information copied from such Reports and Statements	s may	not be sold or used by any perso	n for the purpo	ose of soliciting contributions	1''
or	for commercial purposes, other than using the name and	d add	ress of any political committee to	solicit contribu	utions from such committee.	
	NAME OF COMMITTEE (In Full)					
	Political Action Committee of the American Ass	soci	ation of Orthopaedic Surgeo	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen C McNeil, , MD			Date of F	Receint	
Λ.	Mailing Address 907 Sumner St Ste 301				·	
				0 9	29 2006	
	City State		Zip Code		tion ID: 24688221	
	Stoughton MA		02072-3377	Amount of	of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.				500.00	
	Name of Employer Sullivan Orthopedics Oction					
	Ottilo		dic Surgeon			
		egate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		1500.00			
		0		1		
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Meisles, , MD			Date of F	Receipt	
	Mailing Address Ortho Specialists 305 N York Rd			0 9	29 7 2006	
	City State	e	Zip Code	Transact	tion ID: 24688222	
	Elmhurst IL		60126-2317	Amount o	of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.				1000.00	
	Name of Employer Occup Self Employed					
	Ortho	•	dic Surgeon			
	Receipt For: Aggre	egate	Year-to-Date ▼	.		
	Other (specify) ▼		1250.00			
				'		
_	Full Name (Last, First, Middle Initial) Dr. Timothy W Talbert, , MD			Date of F	Pagaint	
C.	Mailing Address 216 W Union Ste A			M M	·	
				0 9	29 2006	
	City State	e	Zip Code	Transact	tion ID: 24688223	
	Minden LA		71055-3216	Amount of	of Each Receipt this Period	
	FEC ID number of contributing federal political committee.				500.00	
	Name of Employer Self Employed Ortho		dic Surgeon			
			Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼	0	500.00			
Г					2000.00	$\overline{}$
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S	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 94 / 136
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
A.	Full Name (Last, First, Middle Initial) Dr. Peter O Newton, , MD			Date of Receipt
	Mailing Address 3030 Children's Way St	e 410		09 29 2006
	City	State	Zip Code	Transaction ID: 24688224
	San Diego	CA	92123-4228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pediatric Orthopedic & Sc-	Occupation	n edic Surgeon	
	oliosis Med G Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogato	Tour to Bute V	1
	Other (specify) ▼		750.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. William A Matarese, , MD			Date of Receipt
	Mailing Address 342 Hamburg Tpke			M M / D D / Y Y Y Y
				09 29 2006
	City	State	Zip Code	Transaction ID: 24688225
	Wayne	NJ	07470-2162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	า	+
	Self Employed		edic Surgeon	
	Receipt For:		Year-to-Date ▼	-
	Primary General	1.555		1
	Other (specify) ▼		1500.00	
— С.	Full Name (Last, First, Middle Initial) Dr. David M Smink, , MD			Date of Receipt
٠.	Mailing Address 9303 Adelaide Dr			M M / D D / Y Y Y Y
				09 29 2006
	City	State	Zip Code	Transaction ID: 24688226
	Bethesda	MD	20817-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greater Washington Orthop-	Occupation	า	7
	aedic Group		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)		350.00	
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				1000.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	100000
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 136 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Association of Orthopaedic Surg	geons
Full Name (Last, First, Middle Initial) Dr. Frank A B Gottschalk, , MD Mailing Address U of TX Southwestern N 5323 Harry Hines Blvd City Dallas FEC ID number of contributing federal political committee.	State Zip Code TX 75390-0001	Date of Receipt M M M
Name of Employer UT Southwestern Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD Mailing Address Univ of Virginia Affl Hos Dept of Orthopaedics City Charlottesville FEC ID number of contributing federal political committee. Name of Employer University of Virginia Receipt For: Primary General	Sps State Zip Code VA 22903 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD Mailing Address 300 S 8th St Ste 178w City Murray FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code KY 42071-2444 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 29 2006 Transaction ID: 24688229 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		1750.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 136
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or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
_	Full Name (Last, First, Middle Initial)			
٩.	Dr. Joseph N Wilson, , MD			Date of Receipt
	Mailing Address 4701 85th St			M M / D D / Y Y Y Y
	City	State	Zip Code	09 29 2006
	Lubbock	TX	79424-4104	Transaction ID: 24688230 Amount of Each Receipt this Period
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	federal political committee.	C		500.00
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	Primary General Other (specify)		1000.00	
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3.	Full Name (Last, First, Middle Initial) Dr. Michael Marks, , MD			Date of Receipt
	Mailing Address 40 Cross St Ste 300			M M / D D / Y Y Y Y
	a.	. .		09 29 2006
	City	State	Zip Code	Transaction ID: 24688231
	Norwalk	CT	06851-4661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
				'
`	Full Name (Last, First, Middle Initial) Dr. David K Wong, , MD			Date of Receipt
٠.	Mailing Address Attention: Marilyn Kane			M M / D D / Y Y Y Y
	6585 S Yale Ste 200			09 29 2006
	City	State	Zip Code	Transaction ID: 24688233
	Tulsa	OK	74136-8315	Amount of Each Receipt this Period
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	Name of Employer Self Employed	Occupation	1	7
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 97 / 136 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Dr. Thomas J Ditkoff, , MD Date of Receipt Mailing Address 6900 Orchard Lake Rd Ste 103 09 29 2006 State Zip Code Transaction ID: 24688234 West Bloomfield MI 48322-3424 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General

750.00

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NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Keep Our Majority PAC (KOMPAC) Mailing Address PO Box 20209		Date of Receipt 0 7 2 1 2 0 0 6
City	State Zip Code	Transaction ID: 24339911
Alexandria FEC ID number of contributing federal political committee. Name of Employer	VA 22320 C C00307405 Occupation	Amount of Each Receipt this Period 5000.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	Refund of Contribution

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\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the America									
۹.	Full Name (Last, First, Middle Initial) Texas Freedom Fund					action ID:		696		
	Mailing Address PO Box 6136				0 ^M 7			Y Ž	0 ŏ 6	Y
	City Alexandria	State Zip Code VA 22306			Amou	nt of Each	Disburs	ement	this P	eriod
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	Mailing Address P.O. Box 15703				0 7	M / D 2	21/	ž	0 Ď 6	Y
	City Tallahassee	State Zip Code FL 32317			Amou	nt of Each	Disburs	ement	this P	eriod
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Э.	Shelley Moore Capito For Congress				Date o	of Disburse	ement			_
	Mailing Address P.O. Box 11519				0 ^M 7	M / D2	21 /	Ý Ž	0 ŏ 6	Y
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Friends Of Lois Capps						isburse		Y Y	V	Υ	
Mailing Address PO Box 23940				0	7 ^M	2	D /	2	0 Ó 6		
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J.D. Hayworth For Congress				Date	e of D	isburse	ement	Y Y	V	Υ	
Mailing Address 14300 N. Northsight Blvd	. #105			0		2	1	2	0 0 6		
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٦.	Congressman Bart Gordon Committee						Disbui		nt / Y	YY	Y	
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	City Murfreesboro	State Zip Code TN 37133				Amour	t of Ead	ch Disl	oursem	ent this	Perio	od
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Э.	Fitzpatrick for Congress						Disbu					
	Mailing Address 115 North Broad Street					0 ^M 7 M	/ [21	/ Y	žoŏ	6 ^Y	
	City Doylestown	State Zip Code PA 18901				Amour	t of Ead	ch Disl	oursem	ent this	Perio	od
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American							Tom Gdom			
	Full Name (Last, First, Middle Initial)					Trans	saction ID): 243397	 '15		
۹.	Victory In November Election PAC (VINE F	PAC)					of Disburs			0 ŏ 6	Y
	Mailing Address 607 14th Street, NW Suite 800					07				000	
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3.	Full Name (Last, First, Middle Initial) Citizens For Rush					Date	of Disburs				
	Mailing Address P. O. Box 7292					0 ^M 7	M / D	21 /	Ž	0 ŏ 6	Y
	City Chicago	State IL	Zip Code 60680			Amou	ınt of Eac	h Disburse	ment	this P	eriod
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	Candidate Name Rep. Bobby Rush				ategory/ Type						
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	State: IL District: 1 2006 C Full Name (Last, First, Middle Initial)	ongress G	enera			_					
Э.	BRIDGE PAC						of Disburs			V	V
	Mailing Address 499 South Capitol Street Suite 412	, SW				0 7	M / D	21 /	2	0 ŏ 6	
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_	Full Name (Last, First, Middle Initial)				Trans	saction ID	: 243397	701		
3.	Solis For Congress					of Disburs	ement	Y Y	Υ	Υ
	Mailing Address 6380 Wilshire Blvd. #161	2			0 7		21	2 (0 Ď 6	
	•	State Zip Code CA 90048			Amou	ınt of Each	Disburs	ement	this P	eriod
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	Candidate Name Rep. Hilda Solis		Ca	011 itegory/ Γype						
	Senate President X	ement For: 2006 Primary General Other (specify)	•							
	State: CA District: 32 2006 Co	ongress Genera			Trons	saction ID	. 24260			
Э.	Friends Of Don Sherwood				Date	of Disburs	ement			
	Mailing Address 81 Warren Street				o ^M 7	M / D	27	ž	0 ŏ 6	Y
		State Zip Code PA 18657			Amou	ınt of Each	n Disburs	ement	this P	eriod
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	Candidate Name Rep. Donald L. Sherwood		Ca	011 itegory/ Type						
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Political Action Committee of the America	n Association of Orthopaed	dic S	urgeor	าร						
Full Name (Last, First, Middle Initial)							24369	481		
A. Chet Edwards For Congress					isburse / D		Y Y	Y	Υ	
Mailing Address P. O. Box 23273				O O	7 ^M	2	7 /	2	0 0 6	
City Waco	State Zip Code TX 76702			Am	ount o	of Each	Disburs	emen	t this P	eriod
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Full Name (Last, First, Middle Initial)							24369	486		
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Mailing Address PO Box 1465				O O		2	7 /	2	0 0 6	
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Full Name (Last, First, Middle Initial) Heather Wilson For Congress						ion ID: isburse	24369 ement	465		
Mailing Address P.O. Box 14070 P.O. Box 14070				0 ^M	7 ^M	[/] 2	7 /	ž	0 Ď 6	Y
City Albuquerque	State Zip Code NM 87191			Am	ount o	of Each	Disburs	emen	t this P	eriod
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_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 24	3694	57		
Α.	Talent For Senate Inc								isburs		ent	* 1/		V
	Mailing Address 147 N Meramec Suite 1	00					0 ^M 7	М		27		2	οŏε	3
	City St Louis	State Zip Code MO 63105					Amou	ınt o	f Each	n Dis	burse	ment	t this I	Period
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	Candidate Name Sen. James Talent				gory/ pe									
	X Senate President	ement For: 2006 Primary General Other (specify)												
_	State: MO District: 2													
В.	Full Name (Last, First, Middle Initial) Steele For Maryland Inc.								on ID		36947 ent	79		
	Mailing Address 150 South Street Suite 100						0 ^M 7	М	/ D	27	/ Y	ž	οŏ	3 Y
	City Annapolis	State Zip Code MD 21401					Amou	ınt o	f Each	n Dis	burse	-		
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	Candidate Name Michael Steele		Ca	ate	gory/ pe	1								
		ement For: 2006 Primary General Other (specify)	•											
	State: MD District:													
C.	Full Name (Last, First, Middle Initial) Lamberti For Congress						Trans Date		-		3694! ent	51		
	Mailing Address PO Box 785						0 ^M 7	М	/ D	27	/ Y	ž	οŏ	S ^Y
	City Ankeny	State Zip Code IA 50021					Amou	ınt o	f Each	n Dis	burse	ment	t this I	Period
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Political Action Committee of the American	Association of Orthopaed	lic Surgeo	ns				
Full Name (Last, First, Middle Initial)			1	saction ID		77	
Herseth For Congress				of Disburs		/ • • • •	V
Mailing Address PO Box 2009			0 ^M 7	,	27 7	ŽOŠE	3
	State Zip Code SD 57101		Amo	unt of Eac	h Disburse	ment this F	Period
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Candidate Name Rep. Stephanie Herseth		Category/ Type					
Office Sought: X House Disburser Senate	nent For: 2006 Primary General						
	Other (specify)						
State: SD District: 1 2006 Co	ngress Genera						
Full Name (Last, First, Middle Initial)				saction ID		75	
Moore For Congress			Date	of Disburs		/ · · · · ·	V
Mailing Address PO Box 14631			0 [™] 7	,	27	ŽOŠE	3
•	State Zip Code KS 66285		Amo	unt of Eac	h Disburse	ment this F	Period
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Candidate Name		011					
Rep. Dennis Moore	'	Category/ Type					
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	Primary General						
State: KS District: 3	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Tran	saction ID): 243694	72	
Charlie Melancon Campaign Committee Inc			Date	of Disburs			
Mailing Address 511 Congress St PO Box 549			0 ^M 7	, M / D	27	ŽOĎE	5
•	State Zip Code _A 70390		Amo	unt of Eac	h Disburse	ment this F	Period
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Candidate Name Rep. Charles Melancon		Category/ Type					
Office Sought: X House Disburser	ment For: 2006	71					
	Primary General						
President State: LA District: 3	Other (specify) ▼						
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NAME OF COMMITTEE (In Full)	on Appointing of Outlines !!			
Political Action Committee of the America	an Association of Orthopaedi	c Surgeons		
Full Name (Last, First, Middle Initial) A. Brian Higgins For Congress			Transaction ID: 24 Date of Disburseme	ent
Mailing Address PO Box 28			$\begin{bmatrix} 0^{M} 7^{M} \end{bmatrix} / \begin{bmatrix} D 2 7 \end{bmatrix}$	2006
City Buffalo	State Zip Code NY 14220		Amount of Each Dis	sbursement this Period
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Candidate Name Rep. Brian Higgins		Category/ Type		
Senate President	sement For: 2006 C Primary General Other (specify)			
State: NY District: 27 Full Name (Last, First, Middle Initial)				
3. Sali For Congress			Transaction ID: 24 Date of Disburseme	ent
Mailing Address PO Box 71			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	['] 2006
City Kuna	State Zip Code ID 83634		Amount of Each Dis	sbursement this Period
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Whalen For Congress			Transaction ID: 24 Date of Disburseme	ent
Mailing Address P. O. Box 750			07	['] 2006
City Bettendorf	State Zip Code IA 52722		Amount of Each Dis	sbursement this Period
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Candidate Name Mr. Michael Whalen		Category/ Type		
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Full Name (Last, First, Middle Initial)							24369	488			
Ray Meier For Congress Committee						Disburse		Y Y	V .	Υ	
Mailing Address PO Box 120					0 7 M	2	^D /	2	0 Ó 6		
	State Zip Code NY 13503			A	mount (of Each	Disburs	emen	t this P	eriod	_
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Candidate Name		O1									
Mr. Raymond Meier		Cate Ty									
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Full Name (Last, First, Middle Initial) 3. Sue Kelly For Congress						t <mark>ion ID:</mark> Disburse	24369	483			
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Political Action Committee of the American	Association of Orthopaed	dic Sı	urgeon	IS					
Full Name (Last, First, Middle Initial)						ID: 24		51	
Bilirakis For Congress					of Disb	urseme	ent / Y	YY	Y
Mailing Address 610 S Boulevard				0 ^M 8		03		žoŏ	5
	State Zip Code FL 33606			Amou	ınt of E	ach Dis	sbursen	nent this	Period
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Candidate Name Mr. Gus Bilirakis		Cateo Typ	-						
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President	Other (specify)								
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A Lot of People Who Support Jeff Bingama	n			Date	of Disb	urseme	ent	V V	V
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Political Action Committee of the America	n Association of Orthopaed	dic Su	ırgeon	S					
Full Name (Last, First, Middle Initial)						D : 24430	392		
Lot Of People For Dave Obey					of Disbur		ΥΥ	Y	Υ
Mailing Address 525 Washington St PO Box 1322				0 ^M 8		10	_	0 ð 6	
City Wausau	State Zip Code WI 54402			Amou	nt of Eac	h Disburs	sement	this P	eriod
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Candidate Name Rep. David R. Obey		Categ Typ	-						
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Full Name (Last, First, Middle Initial)				Trans	action II	D : 24430	301		
3. Pallone For Congress				Date of	of Disbur	sement		V *	Y
Mailing Address PO Box 3176				0 8		10	2	0 Ď 6	
City Long Branch	State Zip Code NJ 07740			Amou	nt of Eac	h Disburs			
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Mailing Address 22 West Padonia Road Suite A307				0 ^M 8	M / D	100	^Y ^Y 2	0 Ď 6	Y
City Timonium	State Zip Code MD 21093			Amou	nt of Eac	h Disburs	sement	this P	eriod
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Political Action Committee of the American	Association of Orthopae	edic Su	ırgeon	S					
Full Name (Last, First, Middle Initial)					action ID:		108		
Gene Taylor For Congress Committee					of Disburse		y y	Υ	Y
Mailing Address Post Office Box 38 Post Office Box 38				0 8		O /	2	0 Ď 6	
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Mailing Address 438 Lewis Avenue				0.8		0	2	006	
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NAME OF COMMITTEE (In Full)							
Political Action Committee of the America	n Association of Orthopaedi	c Surgeons					
Full Name (Last, First, Middle Initial) A. Davis For Congress/Friends Of Davis				ion ID: 244			
			0 8 M	/ D D		0 0 6	1
Mailing Address 5956 W. Race Avenue			0.8	10	2 (006	
City Chicago	State Zip Code IL 60644		Amount o	of Each Disb	ursement	this Per	riod
Purpose of Disbursement		011			10	00.00	
Candidate Name Rep. Danny Davis	C	Category/ Type					
Senate President X	ement For: 2006 Primary General Other (specify)						
	ongress Genera						
Full Name (Last, First, Middle Initial) Larson For Congress			Date of D	ion ID: 244 isbursemen	t		
Mailing Address 29 Ruff Circle			0 ^M 8 M	10	Ž	0 0 6	
City Glastonbury	State Zip Code CT 06033		Amount o	of Each Disb			•
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Candidate Name Rep. John Larson	C	Category/					
Senate President X	ement For: 2006 Primary General Other (specify)						
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Full Name (Last, First, Middle Initial) Mike Thompson For Congress			Date of D	ion ID: 244 isbursemen	t		,
Mailing Address 5429 Madison Avenue			0 ^M 8 0	10	′ 20) Ó 6 [°]	
City Sacramento	State Zip Code CA 95841		Amount o	f Each Disb	ursement	this Per	riod
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Candidate Name Rep. Mike Thompson	C	Category/ Type					
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Political Action Committee of the American	Association of Orthopaed	dic Sui	rgeons	i						
Full Name (Last, First, Middle Initial)				Trans	action I	D : 2443	0402			
A. GLACIER PAC					of Disbur		- V - V	, , , ,	V	
Mailing Address 818 Connecticut Ave, NW Suite 1100	I			0 ^M 8	M / C	10	<u> </u>	0 0 6	Y	
	State Zip Code DC 20006			Amou	nt of Ead	h Disbu	rsemer	t this P	eriod	
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Full Name (Last, First, Middle Initial)						D : 2443	0398			
3. DANPAC					of Disbur		V . V	, · · ·	V	
Mailing Address 1088 Bishop Street Suite 1009				0 8		10 /	. 2	0 0 6		
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Full Name (Last, First, Middle Initial) Friends Of Robert C Byrd Committee					action I	D: 2443	0400			_
				M	M / D		Y	0 0 6	Υ	
Mailing Address 607 14th Street Nw Suite				0 8						
,	State Zip Code DC 20005			Amou	nt of Ead	h Disbu	rsemer	t this P	eriod	
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۹.	Full Name (Last, First, Middle Initial) Our Common Values PAC				Date	of Dis	burse			V	V
	Mailing Address 101 W. Grand Avenue Suite 200				0 8	3	1	0 /	2	0 Ó 6	
	,	State IL	Zip Code 60610		Amo	unt of	Each	Disburs		-	-
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3.	House Majority Fund				_	sactio of Dis		244304 ement		Y	Υ
	Mailing Address 315 Inspiration Lane				0 8	3 7		Ŏ Ĺ	2	0 Ď 6	
	•	State MD	Zip Code 20878		Amo	unt of	Each	Disburs			
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Э.	The National Leadership PAC					of Dis	burse				V
	Mailing Address PO Box 5577				0 8	3 " /	1	0 /	2	0 ŏ 6	
		State NY	Zip Code 10027		Amo	unt of	Each	Disburs			
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 NAME OF COMMITTEE (In Full) 	and address of any political co	أااااار	iliee IO S	JUIIUIL (JUILLIDU	ilions II(JIII SUUII	COIII	intiee		
Political Action Committee of the American	Association of Orthopaed	dic S	Surgeoi	ns							
Full Name (Last, First, Middle Initial)							24430	428			
A. AMERIPAC: The Fund For A Greater Ame	rica					Disburse / D		Y Y	V .	Υ	
Mailing Address 499 South Capitol Street #414	, SW			L	0 8 M	1	0 /	2	0 Ď 6		
City Washington	State Zip Code DC 20003			Α	mount	of Each	Disburs	emen	t this P	eriod	
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Candidate Name			gory/								
Office Sought: House Disburse	ment For:	Ту	pe								
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State: District:	· ·										
Full Name (Last, First, Middle Initial) Gommittee For A Democratic Future							24430	429			
					ММ	Disburse / D	D /	Y Y	Y	Υ	
Mailing Address 25 Roydon Road				L	0 8	1	0	2	0 Ď 6		
City New Haven	State Zip Code CT 06511			A	mount	of Each	Disburs	emen	t this P	eriod	_
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Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	24468	554			—
Frelinghuysen For Congress				D		Disburse					
Mailing Address 19 Cattano Ave					M 8 0	/ 1	6 /	ž	0 0 6	Y	
City Morristown	State Zip Code NJ 07960			Α	mount	of Each	Disburs	emen	t this P	eriod	_
Purpose of Disbursement	Γ	0	1.1	7 L				1	000.0	00	
Candidate Name Rodney P. Frelinghuysen		Cate	gory/								
Senate	ment For: 2006 Primary General Other (specify)										
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										3
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the America										
۸.	Full Name (Last, First, Middle Initial) Trent Lott For Mississippi						action ID	: 244692 ement	:05		
	Mailing Address PO Box 22824					0 8	M / D	16	ž	0 ŏ 6	Y
	City Jackson	State MS	Zip Code 39225			Amou	nt of Each	Disburse	-		-
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	Candidate Name Sen. Trent Lott Office Sought: House Disburs	ement For:	2006		ategory/ Type	-					
	X Senate President	Primary Other (spe	General ecify)								
3.	Full Name (Last, First, Middle Initial) Friends Of John Tanner	benate i illi	ilal y				action ID	: 244678 ement	16		
	Mailing Address Post Office Box 1994 Post Office Box 1994					0 8 O	M / D	16	ž	0 ŏ 6	Y
	City Union City	State TN	Zip Code 38281			Amou	nt of Each	Disburse			-
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	Rep. John S. Tanner				Туре						
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	State: TN District: 8 2006 C Full Name (Last, First, Middle Initial)	Congress G	aenera			Tuono	antinu ID	- 044004	00		
Э.	Cantor For Congress					Date o	of Disburs	: 244691 ement		0 ŏ 6	Y
	Mailing Address P. O. Box 17813					0.8		1 6	2	006	
	City Richmond	State VA	Zip Code 23226			Amou	nt of Each	n Disburse	-		-
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\	Political Action Committee of the American	n Association of Orthopa	edic	Surgeo	ns							
	Full Name (Last, First, Middle Initial)						ction ID		7817			
`	Lucille Roybal-Allard For Congress						Disburs / D		ΥΥ	/ · Y	Υ	
1	Mailing Address 601 S. Glenoaks BI #211					0 8 M		I 6	2	2 0 0 6		
	,	State Zip Code CA 91502				Amount	t of Each	Disbur	semer	nt this F	eriod	
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	Candidate Name Rep. Lucille Roybal-Allard			tegory/ Type								
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_	Full Name (Last, First, Middle Initial) Poe For Congress						ction ID		9197			
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ı	Mailing Address P.O. Box 14222					0 8		6 /	2	2 0 0 6		
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_	Full Name (Last, First, Middle Initial) Friends Of Mike Ferguson						ction ID Disburs		3739			
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_). Box 225				-						
	,	State Zip Code NJ 07067				Amount	t of Each	n Disbur	semer	nt this F	eriod	_
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only	one)	23	PAGE 122	2 / 136
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NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopaedi	c Surgeons				
Full Name (Last, First, Middle Initial) A. Talent For Senate Inc			Transactio Date of Dis		9012	
Mailing Address 147 N Meramec Suite 10	00		08 4	16	y žoó	6 Y
City St Louis	State Zip Code MO 63105		Amount of I	Each Disbu	irsement this	
Purpose of Disbursement		011			1000	0.00
Candidate Name Sen. James Talent		Category/ Type				
X Senate President	ement For: 2006 Primary X General Other (specify)					
State: MO District: 2 Full Name (Last, First, Middle Initial)			Transactio	n ID: 2446		
Bob 2 Congress			Date of Dis	bursement	Ý Ž O Ö	Y
Mailing Address 25 Maluniu Avenue Suite Box 171			0 8	1 6		
City Kailua	State Zip Code HI 96734		Amount of I	Each Disbu	rsement this	
Purpose of Disbursement Candidate Name Mr. Bob Hogue	C	011 Category/ Type			1000	J.00
Office Sought: X House Disburs	ement For: 2006 Primary General Other (specify)	Турс				
Full Name (Last, First, Middle Initial) - Applebaum For Congress			Transactio Date of Dis	-	9195	
Mailing Address PO Box 10081			08 4	16	Ý Ž O Ď	6 ^Y
City Baltimore	State Zip Code MD 21285		Amount of I	Each Disbu	irsement this	s Period
Purpose of Disbursement		011			2000	0.00
Candidate Name Mr. Gary Applebaum	C	Category/ Type				
Senate X President	ement For: 2006 Primary General Other (specify)					
State: MD District: 3						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
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<u> </u>	Full Name (Last, First, Middle Initial)				Transaction II	
٦.	Tom Kean For Us Senate Inc				Date of Disbur	
	Mailing Address PO Box 225				0 8 M	1 6 Y 2 0 0 6 Y
		State Zip Co NJ 0706			Amount of Eac	ch Disbursement this Period
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	Candidate Name Mr. Thomas Kean			011 Category/ Type		
	X Senate President		006 General			
	State: NJ District: 2 Full Name (Last, First, Middle Initial)					- 0440007
3.	Mac Collins For Congress				Transaction II Date of Disbur	
	Mailing Address P.O. Box 35				08 /	17 2006
	,	State Zip Co GA 3023			Amount of Eac	ch Disbursement this Period
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	Candidate Name Rep. Mac Collins			Category/ Type		
	Senate X		006 General			
	Full Name (Last, First, Middle Initial)	origiess Geriera			Transaction II	D: 24505702
Э.	Friends Of Dave Weldon				Date of Disbur	sement
	Mailing Address PO Box 968				08 / 0	21 4 2006
	City Melbourne	State Zip Co FL 3290			Amount of Eac	ch Disbursement this Period
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	Candidate Name Rep. Dave Weldon, M.D.			011 Category/ Type		
			006 General			
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\rangle	Political Action Committee of the American	Associati	on of Orthopa	edic	Surge	ons							
	Full Name (Last, First, Middle Initial)						Transa	action II	D : 245	05701			
٨.	Porter For Congress							f Disbur			V	V	
	Mailing Address PO Box 26087						0 ^M 8 N		21		žoó6		
		State NV	Zip Code 89126				Amour	nt of Eac	h Disb	urseme	nt this F	eriod	_
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	Rep. Jon Porter				тедогу/ Гуре								
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٠.	Trent Lott For Mississippi						Date of	f Disbur			YYY	Υ	
	Mailing Address PO Box 22824						0 8	J L	1 6		ž 0 Ď 6		
	,	State MS	Zip Code 39225				Amour	nt of Eac	h Disb	urseme	nt this F	eriod	_
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	Sen. Trent Lott				тедогу/ Гуре) ITEM	•1				
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).	Full Name (Last, First, Middle Initial) Trent Lott For Mississippi							action II f Disbur					
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	Candidate Name Sen. Trent Lott				tegory/ ype								
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٩.	Steele For Maryland	d Inc.								Disburse				_	
		50 South Stree uite 100	t						0 8 M	[′]	1 /	ž	0 Ď 6	Y	
	City			State	Zip Code 21401				Amount	of Each	Disburs	emen	t this P	eriod	
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	Candidate Name Michael Steele						tegory/ ype								
		House	Disburser		2006										
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		trict:		enate Prim											
_	Full Name (Last, First,	Middle Initial)			-				Transac	tion ID:	245482	221			_
3.	Chafee for Senate								Date of	Disburse	ement				
	Mailing Address Pe	O Box 7329							0 9	[′] 0	^D /	Ý ž	0 0 6	Y	
	City Warwick			State RI	Zip Code 02887				Amount	of Each	Disburs	emen	t this P	eriod	_
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	Candidate Name						011 tegory/								
	Lincoln Chafee					T	уре								
	X	House Senate President	Disburser	ment For: Primary Other (spe	2006 General cify) ▼										
	State: RI Dist	trict: 1	2006 Se	nate Prim	ary										
Э.	Full Name (Last, First, Chafee for Senate	Middle Initial)								tion ID: Disburse		389			
	Mailing Address P	O Box 7329							0 9	[′] 0	7 /	Ý Ž	0 0 6	Y	
	City Warwick			State RI	Zip Code 02887				Amount	of Each	Disburs	emen	t this P	eriod	_
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	Candidate Name Lincoln Chafee						tegory/ ype	١.	мемо	ITERA					
		House	Disburser		2006					ITEM] Reporte	d On <	Ente	r		
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or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	name and address of any political	Committee to s	Olicit Contributions from Such Committee
Political Action Committee of the Am	ican Association of Orthopa	edic Surgeor	ns
Full Name (Last, First, Middle Initial)			Transaction ID: 24548390
Chafee for Senate			Date of Disbursement
Mailing Address PO Box 7329			$\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $
City	State Zip Code		Amount of Each Disbursement this Period
Warwick Purpose of Disbursement	RI 02887		1500.00
Re-designated funds for trans. dated 9/7		011	
Candidate Name Lincoln Chafee		Category/ Type	
Office Sought: House Di	oursement For: 2006		[MEMO ITEM]
x Senate	Primary General		Re-designated funds for trans. dated 9/7/2006
President State: RI District: 1 20	X Other (specify) ▼ 6 Senate Primary		
Full Name (Last, First, Middle Initial)	,		Transaction ID: 24548428
3. Chafee for Senate			Date of Disbursement
Mailing Address PO Box 7329			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Warwick	State Zip Code RI 02887		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Funds Reported On <enter candidate="" h="" name="" name<="" report="" td=""><td></td><td>011</td><td></td></enter>		011	
Lincoln Chafee		Category/ Type	
X Senate President	wursement For: 2006 Primary General X Other (specify)		 [MEMO ITEM] Funds Reported On <enter< li=""> Report Name Here> </enter<>
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Chafee for Senate			Transaction ID: 24548429 Date of Disbursement
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City Warwick	State Zip Code RI 02887		Amount of Each Disbursement this Period
Purpose of Disbursement Re-designated funds for trans. dated 7/2		011	2500.00
Candidate Name Lincoln Chafee		Category/ Type	
Office Sought: House D	oursement For: 2006		[MEMO ITEM] Re-designated funds for
X Senate	Primary General		Re-designated funds for trans. dated 7/21/2006
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Weldon Victory Committee					of Disburs		Y Y	Y	Υ
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Mailing Address P.O. Box 11519				0.9		25	2	0 Ď 6	
City Charleston	State Zip Code WV 25339			Amou	nt of Eacl	n Disburs	emen	t this P	eriod
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Mailing Address 1316 Lake Victoria Dr				м 0 9	M / D	25 /	Y Y	0 ŏ 6	Y
Mailing Address 1316 Lake Victoria Dr				0 0					
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Rep. Mark Foley	'	Categ Typ							
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۹.	Full Name (Last, First, Middle Initial) Keller For Congress					Date	of Disburs			V *	V
	Mailing Address P.O. Box 1453					0 ^M 9		25	2 (ò 6	
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	City Unionville	State PA	Zip Code 19375			Amou	int of Eac	n Disburse			-
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Э.	Friends Of Clay Shaw					Date	of Disburs	sement			
	Mailing Address 2600 NE 14th Street Car	useway				0 9	M / D	25	Ž	ò 6	Y
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٦.	Sue Kelly For Congress						Date of			nt / v	· · · · · · · · · · · · · · · · · · ·	Υ	Υ	
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Political Action Committee of the America	n Association of Orthopaed	dic S	urgeoi	ns							
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Full Name (Last, First, Middle Initial)							24673	056			
Texans For Henry Bonilla				Da	ate of D	Disburse / D		Y Y	Y	Υ	
Mailing Address P.O. Box 17292				0	9	2	7 /	2	0 0 6		
City San Antonio	State Zip Code TX 78217			Ar	nount	of Each	Disburs	emen	t this P	eriod	
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Candidate Name Rep. Henry Bonilla		Cate Ty	gory/ pe								
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Political Action Committee of the American	Association of Orthopaed	dic Sı	urgeon	S						
Full Name (Last, First, Middle Initial)				Trans	action	I D : 24	67305	55		
Friends Of Lois Capps						urseme	ent	· V · V	, · · V	
Mailing Address PO Box 23940				0 ^M 9		^D 2 7	ľĿ	ž 0 č	6	
	State Zip Code CA 93121			Amou	int of E	ach Dis	sburser	nent this	s Perio	od
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Chafee for Senate					of Disb	urseme	ent / Y	Y Y	′ Y]	
Mailing Address PO Box 7329				0.8		^D 2 7	Ľ	ž o č	6	
,	State Zip Code RI 02887			Amou	int of E	ach Dis	sburser	nent this	s Perio	od
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Full Name (Last, First, Middle Initial)							67305	58		
Jim Gerlach For Congress Committee					of Disb м /	urseme	ent	V V	, ° V	
Mailing Address 911 Welsh Ayres Way				0,8		^D 2 7	ľĿ	žoč	6	
	State Zip Code PA 19335			Amou	int of E	ach Dis	sburser	nent this	s Perio	od
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٩.	Congressman Bill Young Campaign Committee						Date of			nt / V	V	V .	V	
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	Mailing Address 555 Capitol Mall Suite 1425					0 9] L	27	Ĺ	2	0 Ď 6			
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NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Association of Orthopaedi	Surgeons	
Full Name (Last, First, Middle Initial) A. Mark Kennedy 06		Transaction ID: 2	
Mailing Address PO Box 49333		0 9 4 2	7 2006
City Blaine	State Zip Code MN 55449	Amount of Each I	Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Mark Kennedy		tegory/ Гуре	
X Senate President	ursement For: 2006 Primary X General Other (specify) ▼		
State: MN District: 2 Full Name (Last, First, Middle Initial)		Transaction ID:	24672992
Snowe For Senate		Date of Disburser	ment
Mailing Address PO Box 2006			
City Portland	State Zip Code ME 04104	Amount of Each I	Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name Sen. Olympia Snowe	C	011 tegory/ Type	2000.00
	ursement For: 2006 Primary X General Other (specify)	7,70	
Full Name (Last, First, Middle Initial) Sali For Congress		Transaction ID: 2	
Mailing Address PO Box 71	0 9 1 2	7 2006	
City Kuna	State Zip Code ID 83634	Amount of Each I	Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Mr. William Sali		tegory/ Type	
Senate President	ursement For: 2006 Primary General X Other (specify)		
State: ID District: 1 2000	6 Congress Genera		
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or	for commercial purposes, other than using	the name and address of any political	I committee to so	plicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)			
17	Political Action Committee of the A	merican Association of Orthopa	edic Surgeons	\$
\mathbb{L}				
A.	Full Name (Last, First, Middle Initial)			Transaction ID: 24675721
Α.	Marion Berry For Congress	Date of Disbursement		
	Mailing Address P.O. Box 8084		09 28 7 2006	
	P.O. Box 8084			
	City	State Zip Code		Amount of Each Disbursement this Period
	Jonesboro	AR 72403		
	Purpose of Disbursement			2000.00
			011	
	Candidate Name		Category/	
	Rep. Marion Berry		Туре	
	X	Disbursement For: 2006		
	Senate President	Primary General X Other (specify) ▼		
		2006 Congress Genera		
	Full Name (Last, First, Middle Initial)			
В.	Friends Of Mark Foley			Transaction ID: 24718278 Date of Disbursement
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	Mailing Address 1316 Lake Victori	ia Dr		$ \begin{bmatrix} 0 & 9 & \\ 0 & 9 & \\ \end{bmatrix} $ $ \begin{bmatrix} 2 & 9 \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} 3 & 2 \\ 0 & 0 \end{bmatrix} $
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	Candidate Name		Category/	
	Rep. Mark Foley		Type	
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	Senate	Primary General		Void - Friends Of Mark Fo- ley
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 136 / 136 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Political Action Committee of the American Associa- tion of Orthopaedic Surgeons	FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee The White House Writers Group Date M M 0 7	1 D D 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 15th Street, NW 11th Floor	100000.00
City State Zip Code Washington DC 20005 Purpose of Expenditure Radio ads airing 7/2- 8/06 and Direct Mail	ction ID: 24361926 rught: X House State: MI Senate District: 7 Presidential
Name of Federal Candidate supported or Opposed by expenditure: Rep. John Schwarz Check Or	ne: X Support Oppose ment For: X Primary General 200
Calendar Year-To-Date Per Election 100000.00 for Office Sought	Other (specify):

(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	100000.00
	s reported herein were not made in cooperation, consultation, or concert with, nmittee or agent of either, or (if the reporting entity is not a political party
William J. Robb, III, MD Signature	Date 10 12 2006